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| Fill in this information to identify yo                               | ur case:  |                                   |
|---|---|-----------------------------------|
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |   |                                   |
| Case number (if known):   | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is amended filing |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form-uses-Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| F  | art 1: Identify Yourself                                 |  |   |
|----|--|--|---|
|    | Your full name   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name   |  |   |
|    | Write the name that is on your government-issued picture | Margrit  |   |
| ic | identification (for example, your driver's license or    | First Name   | First Name                                    |
|    | passport).   | Middle Name  | Middle Name                                   |
|    |  | Shlimoun   |   |
|    | Bring your picture identification to your meeting        | Last Name  | Last Name                                     |
|    | with the trustee.  | Suffix (Sr., Jr., II, III)   | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you                                      |  |   |
|    | have used in the last 8 years                            | First Name   | First Name                                    |
|    | Include your married or maiden names.                    | Middle Name  | Middle Name                                   |
|    | malueli fiatries.  | Last Name  | Last Name                                     |
| 3. | Only the last 4 digits of                                |  |   |
|    | your Social Security                                     | $xxx - xx - \underline{4} \underline{3} \underline{6} \underline{1}$ | xxx - xx                                      |
|    | number or federal<br>Individual Taxpayer                 | OR   | OR  |
|    | Identification number (ITIN)                             | 9xx - xx   | 9xx - xx                                      |

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| De | btor 1 Margrit Shlimoun                                      |   | Case number (if known)  |
|----|--|---|---|
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
| 4. | Any business names<br>and Employer<br>Identification Numbers | ☑ I have not used any business names or El  | Ns.   |
|    | (EIN) you have used in<br>the last 8 years                   | Business name   | Business name   |
|    | Include trade names and doing business as names              | Business name   | Business name   |
|    | doing buointood as humes                                     | Business name   | Business name   |
|    |  | EIN   | EIN   |
|    |  | EIN   | EIN   |
| 5. | Where you live   | <del>-</del> "  | If Debtor 2 lives at a different address:   |
|    |  | 7556 N Maplewood Ave Number Street  | Number Street   |
|    |  |   |   |
|    |  |   |   |
|    |  | Chicago IL 60645  |   |
|    |  | City State ZIP Code  Cook   | City State ZIP Code   |
|    |  | County  | County  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address. |
|    |  | Number Street   | Number Street   |
|    |  | P.O. Box  | P.O. Box  |
|    |  | City State ZIP Code   | City State ZIP Code   |
| 6. | Why you are choosing   | Check one:  | Check one:  |
|    | this district to file for<br>bankruptcy                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this<br>petition, I have lived in this district longer<br>than in any other district.                        |
|    |  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | I have another reason, Explain. (See 28 U.S.C. § 1408.)   |
| Р  | art 2: Tell the Court Al                                     | oout Your Bankruptcy Case   |   |
| 7. | The chapter of the Bankruptcy Code you                       | Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top of  | Notice Required by 11 U.S.C. § 342(b) for Individuals Filing of page 1 and check the appropriate box.   |
|    | are choosing to file<br>under                                | ✓ Chapter 7   |   |
|    |  | Chapter 11  |   |
|    |  | Chapter 12  |   |
|    |  | Chapter 13  |   |

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| Del | btor 1                              | Margrit Shlimoun                       |      |  |                     |                   |                   | _                    |                   |                        |                       |                       |                       |                        |                          | _                       | Ca                       | se nı                      | ım                 | be                    | r (if               | kno                    | wn)                   |                   |                   |               |               |                 |            |
|-----|-------------------------------------|--|------|--|---------------------|-------------------|-------------------|----------------------|-------------------|------------------------|-----------------------|-----------------------|-----------------------|------------------------|--------------------------|-------------------------|--------------------------|----------------------------|--------------------|-----------------------|---------------------|------------------------|-----------------------|-------------------|-------------------|---------------|---------------|-----------------|------------|
| 8.  | How                                 | you will pay the fee                   | Ø    | I will pa<br>court for<br>pay with<br>behalf,          | or n<br>:h c        | mo<br>ca:         | noi<br>as         | ore<br>sh,           | e de<br>i, ca     | etails<br>eshic        | s ai                  | bou<br>che            | t hov<br>eck,         | v yo<br>or n           | u ma<br>none             | ay pa<br>ay or          | ay.<br>der               | Гуріс:<br>If yo            | all <u>:</u><br>ur | y, i<br>att           | f yo<br>orn         | u ar<br>ey is          | e pa<br>sub           | ying ti<br>mittin | ne fee<br>g you   | you<br>Ir pay | rself,        | you i           | may        |
|     |                                     |  |      | I need   |                     |                   |                   |                      |                   |                        |                       |                       |                       |                        |                          |                         |                          |                            |                    |                       |                     |                        |                       |                   | ttach             | the /         | Appli         | cation          | for        |
|     |                                     |  |      | I reque<br>By law,<br>than 15<br>fee in ir<br>Filing F | , a j<br>50%<br>nst | i ju<br>%<br>stal | ud<br>6 o<br>allr | idg:<br>of :<br>Ilm: | e m<br>the<br>ent | nay,<br>e offi<br>ts). | , bu<br>ficia<br>If y | at is<br>al po<br>you | not i<br>vert<br>choc | requ<br>y lin<br>ose t | iired<br>e tha<br>this o | to, v<br>at ap<br>optic | valve<br>plies<br>on, ye | e you<br>s to you<br>ou mu | r fe<br>ou<br>ust  | ee,<br>ir fa<br>t fil | ane<br>amil<br>I ou | d ma<br>y siz<br>t the | ay d<br>ze ai<br>a Ap | so o<br>nd you    | nly if<br>ı are ı | your<br>unabl | incor<br>e to | ne is<br>pay th | less<br>1e |
|     |                                     | ve you filed for                       |      | No   |                     |                   |                   |                      |                   |                        |                       |                       |                       |                        |                          |                         |                          |                            |                    |                       |                     |                        |                       |                   |                   |               |               |                 |            |
|     | bankruptcy within the last 8 years? |  | Yes. |  |                     |                   |                   |                      |                   |                        |                       |                       |                       |                        |                          | -                       |                          |                            |                    |                       |                     |                        |                       |                   |                   |               |               |                 |            |
|     |                                     | ·                                      | Dist | rict   |                     |                   | _                 | _                    | _                 |                        |                       |                       |                       |                        |                          |                         |                          | Whe                        |                    |                       | / DI                | 2.720                  | YYY                   |                   | e nur             | nber          |               |                 |            |
|     |                                     |  | Dist | rict   |                     |                   |                   |                      |                   |                        |                       |                       |                       |                        |                          |                         |                          | Whe                        |                    |                       |                     |                        |                       | _ Cas             | e nun             | nber          |               |                 | ·          |
|     |                                     |  | Dist | ict  |                     | _                 | _                 |                      |                   |                        |                       |                       |                       |                        |                          |                         |                          |                            | n_                 |                       |                     |                        |                       | Cas               |                   |               |               |                 |            |
| 10. |                                     | ny bankruptcy                          |      | No   |                     |                   |                   |                      |                   |                        |                       |                       |                       |                        |                          |                         |                          |                            |                    |                       | ,                   |                        |                       |                   |                   |               |               |                 |            |
|     |                                     | pending or being<br>by a spouse who is |      | Yes.   |                     |                   |                   |                      |                   |                        |                       |                       |                       |                        |                          |                         |                          |                            |                    |                       |                     |                        |                       |                   |                   |               |               |                 |            |
|     |                                     | ing this case with<br>or by a business | Deb  | tor  |                     |                   |                   |                      |                   |                        |                       |                       |                       |                        |                          |                         |                          |                            |                    |                       | . R                 | elati                  | onsl                  | nip to            | you _             |               |               |                 |            |
|     | partne<br>affiliat                  | er, or by an<br>te?                    | Dist | ict  |                     |                   |                   |                      |                   |                        |                       |                       |                       |                        |                          |                         |                          | Whe                        |                    |                       |                     |                        |                       | Cas<br>if kn      |                   | nber,         |               |                 |            |
|     |                                     |  | Deb  | tor  |                     |                   |                   |                      |                   |                        |                       |                       |                       |                        |                          |                         |                          |                            |                    |                       | R                   | elati                  | onsl                  | nip to            | you _             |               |               |                 |            |
|     |                                     |  | Dist | ict  |                     |                   |                   |                      |                   |                        |                       |                       |                       |                        |                          |                         |                          | Whei                       | n<br>N             | ИM                    | / DE                | )/Y                    | ΥΥ                    | Cas<br>if kn      | e nun<br>own      | nber,         |               |                 |            |
| 11. | Do yo<br>reside                     | u rent your<br>nce?                    |      |  |                     |                   |                   |                      | ne 1<br>ur la     |                        | llord                 | d ob                  | taine                 | ed a                   | n ev                     | ictio                   | n jud                    | lgmei                      | nt:                | aga                   | ains                | t yo                   | u?                    |                   |                   |               |               |                 |            |
|     |                                     |  |      | [<br>[   |                     |                   | Υ                 | Ye                   | es.               |                        | out                   | t Init                | tial S                |                        |                          |                         |                          | an Ev<br>etitio            |                    | tior                  | ı Ju                | ıdgn                   | ient                  | Again             | st Yo             | u (Fo         | ırm 1         | 01A)            |            |

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| Deb  | tor 1 Margrit Shlimoun   |                |   | Case number (  | if known)           |            |                                     |
|--|--|----------------|---|--|---------------------|------------|-------------------------------------|
| P  | art 3: Report About An   | y Busine       | sses You Own as a                             | Sole Proprietor  |                     |            |                                     |
|  | Are you a sole proprietor of any full- or part-time business?  | ☑ No.          | Go to Part 4.<br>Name and location of bu      |  |                     |            |                                     |
|  | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. |                | Name of business, if any  Number Street       |  |                     |            |                                     |
|  | If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  |                |   | pox to describe your business:   |                     | ZIP Cod    | de                                  |
|  |  |                | Single Asset Real Stockbroker (as de          | Estate (as defined in 11 U.S.C<br>fined in 11 U.S.C. § 101(53A)<br>(as defined in 11 U.S.C. § 10 | C. § 101(51B))<br>) |            |                                     |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  If you are filing under Chapter 11, the court must know whether you are a small business debtor  most recent balance sheet, statement of operations, cash-flow statement, and federal or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116 |  |                |   |  |                     |            | must attach your<br>come tax return |
|  | debtor?  | ☑ No.          | I am not filling under Ch                     | apter 11.  |                     |            |                                     |
|  | For a definition of small business debtor, see   | ☐ No.          | I am filing under Chapte the Bankruptcy Code. | er 11, but I am NOT a smail bu   | isiness debtor      | according  | g to the definition in              |
|  | 11 U.S.C. § 101(51D).  | ☐ Yes.         | I am filing under Chapte<br>Bankruptcy Code.  | er 11 and I am a small busines   | ss debtor accor     | ding to th | ne definition in the                |
| P  | art 4: Report If You Ow  | vn or Hav      | e Any Hazardous P                             | roperty or Any Property  | y That Need         | ls Imm     | ediate Attention                    |
| 14.  | Do you own or have any<br>property that poses or is<br>alleged to pose a threat of<br>imminent and identifiable                                  | ☑ No<br>☐ Yes. | What is the hazard?                           |  |                     |            |                                     |
|  | hazard to public health or<br>safety? Or do you own<br>any property that needs<br>immediate attention?   |                | If immediate attention is                     | s needed, why is it needed?  |                     |            |                                     |
|  | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                |                | Where is the property?                        | Number Street  |                     |            |                                     |
|  |  |                |   | City   |                     | State      | ZIP Code                            |

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| Debt   | or 1 Margrit Sh   | limoun  |   | Case number (if knov   | vn)   |  |
|--|---|---|---|--|---|--|
| Pa   | rt 5: Explain   | Your Efforts to Re  | ceive a Briefing About Cred   | t Counseling   |   |  |
| 15.  | Tell the court whether you  | About Debtor 1:<br>You must check one:                          |   | About Debtor 2 (Spo<br>You must check one:   | ouse Only in a Joint Case):   |  |
|  | have received a<br>briefing about<br>credit<br>counseling.                                | I received a brief counseling agen                              | ing from an approved credit<br>cy within the 180 days before I<br>otcy petition, and I received a   | counseling agen  | ing from an approved credit<br>cy within the 180 days before I<br>otcy petition, and I received a<br>apletion.  |  |
|  | The law requires  |   | he certificate and the payment ou developed with the agency.  |  | he certificate and the payment ou developed with the agency.  |  |
| briefing about counseling bef you file for bankruptcy. You must truthfully check one of the following-choice of you are not eligible.  If you file anywe the court can dismiss your county you will lose whatever filing you paid, and coreditors can be | -   | counseling agen   | ing from an approved credit<br>cy within the 180 days before I<br>ptcy petition, but I do not have<br>ompletion.  | counseling agen  | ing from an approved credit<br>cy within the 180 days before I<br>ptcy petition, but I do not have<br>ompletion.  |  |
|  |   |   | ter you file this bankruptcy petition, copy of the certificate and payment  |  | ter you file this bankruptcy petition, copy of the certificate and payment  |  |
|  | If you cannot do so, you are not eligible to file.  If you file anyway, the court can     | services from an<br>unable to obtain<br>days after I made       | ked for credit counseling<br>approved agency, but was<br>those services during the 7<br>a my request, and exigent<br>nerit a 30-day temporary<br>puirement.                           | unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.  To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining we efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  Your case may be dismissed if the court is |   |  |
|  | whatever filing fee<br>you paid, and your<br>creditors can begin<br>collection activities | requirement, attac<br>efforts you made<br>were unable to ob     | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you stain it before you filed for what exigent circumstances e this case.                  |  |   |  |
|  |   | dissatisfied with y   | e dismissed if the court is<br>our reasons for not receiving a<br>u filed for bankruptoy.   |  |   |  |
|  |   | still receive a brie<br>You must file a ce<br>along with a copy | sfied with your reasons, you must<br>fing within 30 days after you file.<br>ertificate from the approved agency,<br>of the payment plan you<br>. If you do not do so, your case<br>d. | still receive a brie<br>You must file a ce<br>along with a copy  | t is satisfied with your reasons, you must<br>a a briefing within 30 days after you file.<br>file a certificate from the approved agenc<br>a copy of the payment plan you<br>, if any. If you do not do so, your case<br>smissed. |  |
|  |   |   | the 30-day deadline is granted only imited to a maximum of 15 days.   |  | the 30-day deadline is granted only<br>imited to a maximum of 15 days.  |  |
|  |   | ☐ I am not required credit counselin                            | d to receive a briefing about<br>g because of:  | ☐ I am not required credit counselin   | d to receive a briefing about<br>g because of:  |  |
|  |   | ☐ Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.   | ☐ Incapacity.  | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.   |  |
|  |   | ☐ Disability.   | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.                      | ☐ Disability.  | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  |  |
|  |   | Active duty.  | I am currently on active military duty in a military combat zone.   | Active duty.   | I am currently on active military duty in a military combat zone.   |  |
|  |   | If you believe you  | ı are not required to receive a   | If you believe you   | are not required to receive a   |  |

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

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| Del | btor 1 Margrit Shlimoun   |                     |  |      | Case number (if  | know  | m)   |
|-----|---|---------------------|--|------|--|-------|--|
| P   | art 6: Answer These   | Questic             | ons for Reporting Pu   | rpos | ses  |       |  |
| 16. | What kind of debts do you have?   | 16a.                |  |      | sumer debts? Consumer de imarily for a personal, family,   |       | re defined in 11 U.S.C. § 101(8)<br>usehold purpose."  |
|     |   | 16b.                |  |      | iness debts? Business debt<br>ment or through the operation  |       | e debts that you incurred to obtain<br>e business or investment.   |
|     |   | 16c.                | State the type of debts yo   | u ow | e that are not consumer or bu  | sines | s debts.   |
| 17. | Are you filing under Chapter 7?   | 1 🗆                 | No. I am not filling under   | Chap | oter 7. Go to line 18.   |       |  |
|     | Do you estimate that after<br>any exempt property is<br>excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? | <b>─</b> ─ <b>☑</b> |  |      |  |       | xempt property is excluded and to distribute to unsecured creditors?   |
| 18, | How many creditors do you estimate that you owe?  |                     | 1-49<br>50-99<br>100-199<br>200-999  |      | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   |       | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. | How much do you estimate your assets to be worth?   |                     | 60-\$50,000<br>650,001-\$100,000<br>6100,001-\$500,000<br>6500,001-\$1 million |      | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |       | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20. | How much do you estimate your liabilities to be?  |                     | 60-\$50,000<br>650,001-\$100,000<br>6100,001-\$500,000<br>6500,001-\$1 million |      | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |       | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |

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| Debtor 1 | Margrit Shlimoun | Case number (if known)   |
|----------|------------------|--|
| Part 7:  | Sign Below       |  |
| For you  |                  | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.   |
|          |                  | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.               |
|          |                  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).   |
|          |                  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |
|          |                  | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          |                  | X May 5/1 Shelimoun X  Margrit Shlimoun, Debtor 1 Signature of Debtor 2  |
|          |                  | Executed on  |

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| Debtor 1  | Margrit Shlimoun                          |  | Case number (if know   | n)  |
|-----------|---|--|--|---|
| represent | not represented by<br>ey, you do not need | I, the attorney for the debtor(s) named in this eligibility to proceed under Chapter 7, 11, 12 relief available under each chapter for which the debtor(s) the notice required by 11 U.S.0 certify that I have no knowledge after an inquis incorrect. | , or 13 of title 11, United Sta<br>the person is eligible. I also<br>c. § 342(b) and, in a case in | ates Code, and have explained the ocertify that I have delivered to which § 707(b)(4)(D) applies, |
|           |   | X Signature of Attorney for Debtor   | Date   | 7/2/8<br>MM/DD/YYYY   |
|           |   | Jason Sager Printed name   |  |   |
|           |   | Law Office of Jason Sager Firm Name  2915 West Devon Ave Number Street   |  |   |
|           |   |  |  |   |
|           |   | Chicago<br>City  | IL<br>State  | 60659<br>ZIP Code   |
|           |   | Contact phone (773) 338-3200   | Email address  |   |
|           |   | <b>6282095</b><br>Bar number   | ₹∠<br>State  | <del></del>   |

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| Ê                | Il in this inf  | ormation to i   | dentify your case   | and this filling:  |   |   |  |
|------------------|---|---|---|--|---|---|--|
|                  | ebtor 1   | Margrit   | dentity your cust   | Shlimoun   |   |   |  |
|                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | First Name  | Middle Name   | Last Name  |   |   |  |
|                  | ebtor 2<br>pouse, if filing)  | First Name  | Middle Name   | Last Name  | _   |   |  |
| Ur               | nited States Bar  | nkruptcy Court fo                                       | or the: NORTHERN I  | DISTRICT OF ILLINOIS   |   |   |  |
|                  | ase number<br>known)  |   |   |  |   | if this is an<br>ed filing  |  |
| <u>Of</u>        | ficial Fo <u>rm</u>   | 106A/B  |   |  |   |   |  |
| Sc               | hedule A  | B: Propert  | у   |  |   | 12/15   |  |
| the<br>filin     | asset in the ca<br>g together, bo<br>et-to-this-form  | ategory where y<br>th are equally r<br>,_On-the-top-of- | ou think it fits best.<br>esponsible for supply<br>any additional pages | Be as complete and accuration. If your correct information. If write_your_name_and_case. | an asset fits in more than one cat<br>ate as possible. If two married pe<br>f more space is needed, attach a s<br>e number (if known). Answer eve | ople are<br>separate<br>ry question.  |  |
| Ρ                | art 1: De   | scribe Each l   | Residence, Build  | ing, Land, or Other Re   | eal Estate You Own or Have  | an Interest In  |  |
| 1.               | <ul> <li>Do you own or have any legal or equitable interest in any residence, building, land, or similar property?</li> <li>✓ No. Go to Part 2.</li> <li>✓ Yes. Where is the property?</li> </ul> |   |   |  |   |   |  |
| 2.               | 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here                          |   |   |  |   |   |  |
| Р                | art 2: De   | scribe Your   | /ehicles  |  |   |   |  |
| <b>Do</b><br>you | you own, leas<br>own that some  | e, or have legal<br>cone else drives.                   | or equitable interest<br>If you lease a vehicle                         | in any vehicles, whether the also report it on Schedule                                  | hey are registered or not? Include<br>G: Executory Contracts and Unexpi   | e any vehicles<br>red Leases.   |  |
| 3.               | Cars, vans, t   | rucks, tractors,  | sport utility vehicles  | , motorcycles  |   |   |  |
|                  | ☑ No<br>□ Yes   |   |   |  |   |   |  |
| 4.               | Watercraft, a Examples: Bo  ☑ No ☐ Yes  | i <b>rcraft, motor h</b> o<br>oats, trailers, mo        | omes, ATVs and othe<br>tors, personal watercr                           | er recreational vehicles, otl<br>aft, fishing vessels, snowmo                            | her vehicles, and accessories<br>biles, motorcycle accessories  |   |  |
| 5.               | Add the dolla<br>entries for pa   | ar value of the p<br>ages you have a                    | ortion you own for a<br>attached for Part 2. V                          | II of your entries from Part<br>Vrite that number here                                   | 2, including any  | \$0.00  |  |
| P                | art 3: De   | scribe Your   | Personal and Ho   | usehold Items  |   |   |  |
| Do               | you own or ha   | ave any legal or  | equitable interest in   | any of the following items   | ?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |  |
| 6.               |   | goods and furnis<br>lajor appliances,                   | shings<br>furniture, linens, china                                      | a, kitchenware   |   |   |  |
|                  | ☐ No<br>☑ Yes. Des  | scribe Furni  | ture  |  |   | \$350.00  |  |

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| Deb | tor 1                 | Margrit Shlimoun  | Case number (if known)  |
|-----|-----------------------|---|---|
| 7.  | Electro<br>Examp      | les: Televisions and radios; audio, video, stereo, and digital equipmen   | nt; computers, printers, scanners;  |
|     | <b>₽</b> No           | music collections; electronic devices including cell phones, camer  | ras, media players, games   |
|     |                       | s. Describe   |   |
| 8.  | Collec<br>Examp       | tibles of value  les: Antiques and figurines; paintings, prints, or other artwork; books, pstamp, coin, or baseball card collections; other collections, memo | pictures, or other art objects;<br>rabilia, collectibles                          |
|     | ☑ No                  | s. Describe   |   |
| 9.  | <b>Equip</b><br>Examp | nent for sports and hobbies //es: Sports, photographic, exercise, and other hobby equipment; bicyc canoes and kayaks; carpentry tools; musical instruments    | cles, pool tables, golf clubs, skis;  |
|     | V No                  | s. Describe   |   |
| 10. | Firear<br>Examp       | ms<br>les: Pistols, rifles, shotguns, ammunition, and related equipment   |   |
|     | <b>☑</b> No           |   |   |
| 11. | Clothe                | is<br>Sles: Everyday clothes, furs, leather coats, designer wear, shoes, acce   | essories  |
|     | □ No                  |   | \$300.00  |
| 12. | <b>Jewel</b><br>Examp | ry<br>oles: Everyday jewelry, costume jewelry, engagement rings, wedding ri<br>gold, silver   | ings, heirloom jewelry, watches, gems,  |
|     | ☑ Ye                  | os. Describe  |   |
| 13. |                       | arm animals<br>oles: Dogs, cats, birds, horses  |   |
|     | ☑ Ye                  | os. Describe  |   |
| 14. | Any o                 | ther personal and household items you did not already list, includ<br>It list   | ing any health aids you   |
|     |                       | o<br>es. Give specific<br>formation   |   |
| 15. | Add t                 | ne dollar value of all of your entries from Part 3, including any entr<br>led for Part 3. Write the number here   | ries for pages you have   |
| P   | art 4:                | Describe Your Financial Assets  |   |
| Do  | you ow                | n or have any legal or equitable interest in any of the following?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash<br>Exam          | oles: Money you have in your wallet, in your home, in a safe deposit be<br>petition   | ox, and on hand when you file your  |
|     |                       | o<br>es   |   |
|     | است ا                 |   |   |

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| Deb     | otor 1      | Margrit Shlimoun  |  | Case number (if known)  |
|---------|-------------|---|--|---|
|         |             |   |  |   |
| 17.     |             |   |  | cates of deposit; shares in credit unions,<br>ou have multiple accounts with the same     |
|         | ☐ No        |   |  |   |
|         | ☑ Ye        | s   | Institution name:  |   |
|         | 17          | 7.1. Checking account:                                  | Checking account - US  | S Bank \$100.00   |
| 18.     | Bonds       | , mutual funds, or public                               | ly traded stocks   |   |
|         | Examp       | les: Bond funds, investm                                | ent accounts with brokerage firm                                     | s, money market accounts  |
|         | <b>☑</b> No |   |  |   |
|         | ☐ Ye        | s Insti   | tution or issuer name:   |   |
| 19.     |             | ublicly traded stock and<br>rest in an LLC, partners    |  | unincorporated businesses, including  |
|         | <b>☑</b> No |   |  |   |
|         | Ye          | sGive-specific  |  |   |
|         |             | ormation about  | an of antitu   | % of ownership:   |
|         |             | m Nan   | -  | ·   |
| 20.     |             |   | nds and other negotiable and n<br>personal checks, cashiers' check   | ion-negotiable instruments<br>s, promissory notes, and money orders.                      |
|         | -           |   |  | eone by signing or delivering them.   |
|         | ₩ No        |   | ·  |   |
|         | ☐ Ye        | s. Give specific  |  |   |
|         |             | ormation about  |  |   |
|         |             |   | er name:   |   |
| 21.     |             | nent or pension account                                 |  | savings accounts, or other pension or   |
|         | Ехапір      | profit-sharing plans                                    | 3A, Reogn, 40 (k), 403(b), that                                      | savings accounts, or other pension or   |
|         | No.         |   |  |   |
|         | س           | s. List each  |  |   |
|         | ac          | count separately. Type                                  | of account: Institution nam  | e:  |
| 22.     |             | ty deposits and prepayn                                 |  |   |
|         |             |   |  | y continue service or use from a company<br>es (electric, gas, water), telecommunications |
|         |             | nies, or others   | nords, prepaid tent, public dulitie                                  | is (electric, gas, water), telecommunications   |
|         |             |   |  |   |
|         |             | S   | Institution name of  | r individual:   |
| 23.     |             |   |  | o you, either for life or for a number of years)  |
|         | ☑ No        |   |  |   |
|         | ☐ Ye        | s lssu  | er name and description:   |   |
| 24.     |             | ts in an education IRA, i<br>.C. §§ 530(b)(1), 529A(b), |  | LE program, or under a qualified state tuition program.                                   |
|         | <b>☑</b> No |   |  |   |
|         |             |   | tution name and description. Se                                      | parately file the records of any interests. 11 U.S.C. § 521(c)                            |
| 25.     | Trusts      | , equitable or future inte                              | rests in property (other than ar                                     | nything listed in line 1), and rights or  |
|         | power       | s exercisable for your be                               | nefit  |   |
|         | ☑ No        |   |  |   |
|         |             | s. Give specific<br>ormation about them                 |  |   |
| <b></b> |             |   |  | West of consider  |
| 26.     |             |   | s, trade secrets, and other inte<br>es, websites, proceeds from roya |   |
|         | ✓ No        | oo, mamor domain nam                                    | 20, masorad, produced nontroys                                       | and and morning agroomeria  |
|         |             | s. Give specific  |  |   |
|         |             | ormation about them                                     |  |   |

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| Deb | tor 1       | Margrit Shlimoun   |   |   | Case number (if known)                      |   |
|-----|-------------|--|---|---|---|---|
| 27. | Example No. | ses, franchises, and othe oles: Building permits, excooses. Give specific formation about them | er general intangibles<br>clusive licenses, cooperat    | ive association holdings,                                 | liquor licenses, profession                 | nal licenses  |
| Mor | ney or      | property owed to you?  |   |   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax re      | efunds owed to you   |   |   |   |   |
|     | — al        | es. Give specific informati<br>cout them, including wheth<br>ou already filed the returns      | ner<br>s  | <u></u>   |   | Federal: State: Local:  |
| 29. | Exam        | y support<br>ples: Past due or lump sui  | ım alimony, spousal supp                                | ort, child support, mainter                               | nance, divorce settlement,                  | , property settlement   |
|     | ☑ N         | o<br>es. Give specific informati   | tion  |   | Alimony:                                    |   |
|     |             |  |   |   | Maintenan                                   | oce:  |
|     |             |  |   |   | Support:                                    |   |
|     |             |  |   |   | Divorce se                                  | ettlement:  |
|     |             |  |   |   | Property se                                 | ettlement:  |
| 30. | Exam<br>☑ N |  | bility insurance payments<br>al Security benefits; unpa | , disability benefits, sick p<br>id loans you made to son | oay, vacation pay, workers<br>neone else    | s'  |
| 21  | _           | ests in insurance policies   |   |   |   |   |
| 31. | Exam        | ples: Health, disability, or   | life insurance; health sav                              |   | dit, homeowner's, or renter<br>seneficiary: | r's Insurance<br>Surrender or refund value  |
| 32. | If you      | interest in property that is<br>are the beneficiary of a lived<br>ad to receive property beca  | ving trust, expect proceed                              | e who has died<br>Is from a life insurance po             | olicy, or are currently                     |   |
|     | استنا       | lo<br>′es. Give specific informat  | tion  |   |   |   |
| 33. | Exan        | ns against third parties, v<br>nples: Accidents, employm                                       | whether or not you have<br>nent disputes, insurance o   | filed a lawsuit or made<br>claims, or rights to sue       | a demand for payment                        |   |
|     |             | เo<br>′es.  Describe each claim  | ******  |   |   | ,   |
| 34. | right       | r contingent and unliquid<br>s to set off claims   | dated claims of every na                                | ture, including counter                                   | claims of the debtor and                    |   |
|     | □ <i>y</i>  | lo<br>'es. Describe each claim   |   |   |   |   |

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| Debt | or 1 <u>I</u>    | Margrit Shlimoun  | Case number (if known)     |   |
|------|------------------|---|----------------------------|---|
| 35.  | Any fina         | ncial assets you did not already list   |                            |   |
|      | ☑ No<br>□ Yes.   | Give specific information   |                            |   |
| 36.  | Add the attached | dollar value of all of your entries from Part 4, including any entries for I for Part 4. Write that number here                                     | pages you have             | \$200.00  |
| Pa   | ırt 5:           | Describe Any Business-Related Property You Own or Have  | e an Interest In. List any | real estate in Part 1.                                      |
| 37.  | Do you           | own or have any legal or equitable interest in any business-related pro   | perty?                     |   |
|      | تختا             | Go to Part 6. Go to line 38.  |                            |   |
|      |                  |   |                            | Current value of the portion you own? Do not deduct secured |
| 38   | Accoun           | s receivable or commissions you already earned  |                            | claims or exemptions.                                       |
|      | <b>☑</b> No      | Describe  |                            |   |
| 39.  | Office e         | quipment, furnishings, and supplies s: Business-related computers, software, modems, printers, copiers, fax m desks, chairs, electronic devices     | achines, rugs, telephones, |   |
|      | ☑ No<br>☐ Yes    | Describe  |                            |   |
| 40.  | Machine          | ery, fixtures, equipment, supplies you use in business, and tools of you  | ır trade                   |   |
|      | ☑ No<br>□ Yes    | . Describe  |                            |   |
| 41.  | Invento          | гу  |                            |   |
|      | ✓ No<br>Yes      | . Describe  |                            |   |
| 42.  | Interest         | s in partnerships or joint ventures   |                            |   |
|      | ☑ No<br>☐ Yes    | . Describe Name of entity:  | % of ownership:            |   |
| 43.  | Custom           | er lists, mailing lists, or other compilations  |                            |   |
|      | ✓ No<br>☐ Yes    | . Do your lists include personally identifiable information (as defined in ☐ No ☐ Yes. Describe   | n 11 U.S.C. § 101(41A))?   |   |
| 44.  | Any bu           | siness-related property you did not already list  |                            |   |
|      | ✓ No<br>☐ Yes    | . Give specific information.  | _                          |   |
| 45.  | Add the          | dollar value of all of your entries from Part 5, including any entries for deformance of all of your entries for the part 5. Write that number here | r pages you have           | \$0.00  |

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| Deb | otor 1        | Margrit Shlimoun   | Case number (if known)  |
|-----|---------------|--|---|
| Р   |               | Describe Any Farm- and Commercial Fishing-Related Prop<br>If you own or have an interest in farmland, list it in Part 1. | perty You Own or Have an Interest In.   |
| 46. | Do you        | own or have any legal or equitable interest in any farm- or commercial   | fishing-related property?   |
|     | B             | . Go to Part 7.<br>s. Go to line 47.   |   |
|     |               |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm a        | ın <b>imals</b><br><i>les</i> : Livestock, poultry, farm-raised fish   |   |
|     | ✓ No<br>☐ Ye  | S  |   |
| 48. | Crops-        | either growing or harvested  |   |
|     | _             | s. Give specific ormation  |   |
| 49. | Farm a        | and fishing equipment, implements, machinery, fixtures, and tools of trac  | de  |
|     | ☑ No<br>□ Ye  |  |   |
| 50. | Farm a        | and fishing supplies, chemicals, and feed  |   |
|     | ✓ No<br>☐ Yes |  |   |
| 51. | Any fa        | rm- and commercial fishing-related property you did not already list   |   |
|     |               | s. Give specific ormation  |   |
| 52. |               | e dollar value of all of your entries from Part 6, including any entries for<br>ed for Part 6. Write that number here    |   |
| P   | art 7:        | Describe All Property You Own or Have an Interest in That  | You Did Not List Above  |
| 53. |               | have other property of any kind you did not already list? les: Season tickets, country club membership                   |   |
|     | ✓ No<br>☐ Yes | s. Give specific information.  |   |
| 54. | Add the       | e dollar value of all of your entries from Part 7. Write that number here  | <b>→</b> \$0.00   |

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| Debtor 1   | Margrit Shlimoun                                       | Case nu  | mber (if known)                         |             |          |
|------------|--|--|---|-------------|----------|
| Part 8:    | List the Totals of Each Part of this Form              | and the second s | - V                                     |             |          |
| 55. Part 1 | : Total real estate, line 2                            |  | *************************************** | <b>&gt;</b> | \$0.00   |
| 56. Part 2 | :: Total vehicles, line 5                              | \$0.00   |   |             |          |
| 57. Part 3 | : Total personal and household items, line 15          | \$650.00   |   |             |          |
| 58. Part 4 | : Total financial assets, line 36                      | \$200.00   |   |             |          |
| 59. Part 5 | i: Total business-related property, line 45            | \$0.00   |   |             |          |
| 60. Part 6 | : Total farm- and fishing-related property, line 52    | \$0.00   |   |             |          |
| 61. Part 7 | ': Total other property not listed, line 54            | +\$0.00  |   |             |          |
| 62. Total  | personal property. Add lines 56 through 61             | \$850,00   | Copy personal property total            | +           | \$850.00 |
| 63. Total  | of all property on Schedule A/B. Add line 55 + line 62 |  |   | ,           | \$850.00 |

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| Fill in this inf  | ormation to ide  | entify your c   | ase:  |  |   |  |                                       |
|---|--|---|---|--|---|--|---------------------------------------|
| Debtor 1  | Margrit  | <u> </u>  | Shlimoun  |  |   |  |                                       |
|   | First Name   | Middle Name   | Last Name   |  | _   |  |                                       |
| Debtor 2 (Spouse, if filing)  | First Name   | Middle Name   | Last Name   |  | -   |  |                                       |
| United States Ba  | nkruptcy Court for t   | ne: <b>NORTHE</b> F   | RN DISTRICT OF II   | LINOIS   | _   | Check if this is an  |                                       |
| Case number<br>(if known)   |  |   |   |  |   | amended filling  |                                       |
| Official Form   | 106C   |   |   |  |   |  |                                       |
| Schedule C  | The Proper   | ty You Cla  | aim as Exemp  | t  | ····  |  | 04/16                                 |
| Using the property space is needed, fi write your name ar                           | you listed on Sche<br>ill out and attach to<br>nd case number (if l                        | dule A/B: Prope<br>this page as ma<br>nown).                            | erty (Official Form 106<br>any copies of Part 2                   | SA/B) as you<br>:: Additional                              | r source, list the<br>Page as nece                                      | esponsible for supplying correct inf<br>e property that you claim as exemp<br>ssary. On the top of any additiona   | ot. If more                           |
| is to state a speci<br>exempted up to the<br>receive certain be<br>exemption of 100 | ific dollar amount and<br>the amount of any a<br>enefits, and tax-ext<br>of fair market va | as exempt. Alt<br>applicable state<br>ampt retiremer<br>alue under a la | ernatively, you may<br>utory limit. Some ex<br>it fundsmay be unl | -claim-the-fu<br>cemptionss<br>imited in do<br>mption to a | ıll-fair-market-v<br>such as those<br>llar amount. F<br>particular doll | rou claim. One way of doing so value-of-the-property-being for health aids, rights to lowever, if you claim an ar amount and the value of the estatutory amount. |                                       |
| Part 1: Ide   | entify the Prope   | erty You Cla  | im as Exempt  |  |   |  | · · · · · · · · · · · · · · · · · · · |
|   | exemptions are ye  |   | Check one only,   |  |   | with you.  |                                       |
|   | claiming state and claiming federal ex   |   | kruptcy exemptions.<br>J.S.C. § 522(b)(2)                         | 11 U.S.C. §  | 522(b)(3)   |  |                                       |
| 2. For any prop   | erty you list on So  | hedule A/B th   | at you claim as exer  | npt, fill in th  | e information   | below.   |                                       |
| Brief description   | of the property an<br>t lists this propert   | d line on   | Current value of the portion you own                              | Amount of exemption  | the   | Specific laws that allow exem  | ption                                 |
|   |  |   | Copy the value from Schedule A/B                                  | Check only<br>each exem                                    |   |  |                                       |
| Brief description:<br>Furniture<br>Line from Schedu                                 | de A/B: <b>6</b>   |   | \$350.00  | 100%<br>value,   | \$350.00<br>of fair market<br>up to any<br>able statutory               | 735 ILCS 5/12-1001(b)  |                                       |
| Brief description:  |  |   | \$300.00  |  | \$300.00  | 735 ILCS 5/12-1001(a), (e)   |                                       |
| Clothes Line from Schedu  | le A/B:11  |   |   | value  | of fair market<br>, up to any<br>able statutory                         |  |                                       |
| (Subject to a<br>✓ No   | djustment on 4/01/   | 9 and every 3   | more than \$160,375<br>years after that for ca                    | ses filed on o   |   |  |                                       |

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| Debtor 1 Margrit Shlimoun   | Case number (if known)   |   |                                    |  |  |
|---|--|---|------------------------------------|--|--|
| Part 2: Additional Page   |  |   |                                    |  |  |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own                             | Amount of the exemption you claim   | Specific laws that allow exemption |  |  |
|   | Copy the value from Check only one box for Schedule A/B each exemption |   |                                    |  |  |
| Brief description:  Cash  Line from Schedule A/B:16                                 | \$100.00   | \$100.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |  |  |
| Brief description:  Checking account - US Bank  Line from Schedule A/B:             | \$100.00   | \$100.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |  |  |

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| Eill in this                                    | information to iden  | ify your case  |   |                     |  |
|---|--|--|---|---------------------|--|
| Debtor 1  | Margrit  |  | Shlimoun  |                     |  |
| Dobtor 2  | First Name   | Middle Name  | Last Name   |                     |  |
| Debtor 2<br>(Spouse, if filing                  | ng) First Name   | Middle Name  | Last Name   |                     |  |
| United States                                   | Bankruptcy Court for the   | NORTHERN I   | DISTRICT OF ILLINO  | <u>s</u>            |  |
| Case number<br>(if known)                       |  |  |   |                     | Check if this is an amended filing   |
| Official For                                    | rm 106 <u>D</u>  |  |   |                     |  |
| Schedule  | D: Creditors Wh  | o Have Cla   | aims Secured by   | y Pro               | perty 12/15  |
| On the top of a                                 | ation. If more space is a<br>any additional pages, wr<br>editors have claims sec   | needed, copy the<br>ite your name an<br>ured by your pro<br>t this form to the | e Additional Page, fill it<br>nd case number (if kno<br>operty?   | out, nu<br>wn).     | both are equally responsible for supplying imber the entries, and attach it to this form.  You have nothing else to report on this form. |
|   | List All Secured Cla   |  |   |                     |  |
| claim, list t                                   | cured claims. If a credit<br>the creditor separately for<br>as a particular claim, list the<br>cossible, list the claims in<br>mame. | each claim. If me other creditors  | nore than one<br>in Part 2. As  | Amo<br>Do no        | mir A Column B Column C  Sunt of claim Value of collateral Unsecured that supports this portion If any                                   |
| 2.1   |  | Describe the<br>secures the  | e property that<br>claim:   |                     |  |
| Creditor's name                                 |  | <del></del>  |   |                     |  |
| Number Street                                   |  |  |   |                     |  |
| City  | State ZIP Code   | Conting Unliquid   | dated<br>d  |                     | k all that apply.  |
| Debtor 1 or Debtor 2 or Debtor 1 ar At least on | nly<br>nd Debtor 2 only<br>e of the debtors and ano  | An agre  | en. Check all that apply<br>ement you made (such a<br>ry lien (such as tax lien, i<br>ent lien from a lawsuit<br>noluding a right to offset | as mortg<br>mechanì | gage or secured car loan)<br>ic's lien)  |
|   | his claim relates<br>nunity debt   |  |   |                     |  |
| Date debt was                                   | s incurred   | Last 4 digit   | s of account number   |                     |  |
| Add the dollar<br>that number h                 | r value of your entries in<br>ere:   | ı Column A on ti   | nis page. Write   |                     | \$0.00   |
|   | ast page of your form, a   | dd the dollar val  | ue totals from  |                     | \$0.00   |

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| Fill in this inf  | ormation to i  | dentify your ca   | ase:  |  |  |                              |
|---|--|---|---|--|--|------------------------------|
| Debtor 1  | Margrit  |   | Shlimoun  |  |  |                              |
| 500001  | First Name   | Middle Name   | Last Name   | -  |  |                              |
| Debtor 2  |  |   |   |  |  |                              |
| (Spouse, if filing)   | First Name   | Middle Name   | Last Name   | -  |  |                              |
| United States Ba  | nkruptcy Court for   | the: <b>NORTHER</b>   | N DISTRICT OF ILLINOIS  | _  |  |                              |
| Case number (if known)  |  |   |   |  | Check if this is amended filing              | an                           |
| Off: -! -! F  | 400F/F   |   |   |  | amended ming                                 |                              |
| Official Form   |  | ****  |   |  |  | 4044                         |
| Schedule E/   | F: Creditor  | s Who Have  | e Unsecured Claims  | 90.000 A   |  | 12/15                        |
| Do not include an<br>If more space is not to this page. On t  | y creditors with<br>needed, copy the<br>the top of any ad  | partially secured<br>Part you need, fi<br>ditional pages, w   | and on Schedule G: Executory C<br>claims that are listed in Schedu<br>II it out, number the entries in the<br>rite your name and case numbe                   | ile D: Creditors Who H<br>ie boxes on the left. A    | old Claims Secui                             | red by Property.             |
|   | en de la companya de |   | · · · · · · · · · · · · · · · · · · ·   |  |  | *                            |
| <ol> <li>Do any creditors have priority unsecured claims against you?</li> <li>No. Go to Part 2.</li> </ol> |  |   |   |  |  |                              |
| ✓ No. Got   | IO Part 2.   |   |   |  |  |                              |
| claim. For ea<br>show both pric<br>more space is  | ich claim listed, id<br>ority and nonpriori  | entify what type of<br>ty amounts. As m<br>ty unsecured clain | creditor has more than one priority<br>f claim it is. If a claim has both pri<br>nuch as possible, list the claims in<br>ms, fill out the Continuation Page o | ority and nonpriority ame<br>alphabetical order acco | ounts, list that clai<br>rding to the credit | im here and<br>or's name. If |
| (For an explai  | nation of each typ   | e of claim, see the   | e instructions for this form in the in  | struction booklet.<br>Total cjalm                    | Priority<br>amount                           | Nonpriority<br>amount        |
| 2.1   |  |   |   |  |  |                              |
|   | <b></b>  |   | Last 4 digits of account number   | er   |  |                              |
| Priority Creditor's Nam   | 16   |   | When was the debt incurred?   |  |  |                              |
| Number Street   |  |   | when was the debt incurred:   |  | -  |                              |
|   | <del></del>  |   | As of the date you file, the claim  | m is: Check all that app                             | ly.  |                              |
|   |  |   | ☐ Contingent ☐ Unliquidated   |  |  |                              |
|   |  |   | Disputed  |  |  |                              |
| City  | State  | ZIP Code  | ·   | .1   |  |                              |
| Who incurred the Debtor 1 only  | debt? Check  | ле,   | Type of PRIORITY unsecured of   |  |  |                              |
| Debtor 2 only   |  |   | Domestic support obligations Taxes and certain other deb  |  | ent  |                              |
| Debtor 1 and I  |  |   | Claims for death or personal  |  |  |                              |
| _   | the debtors and  |   | intoxicated   |  |  |                              |
| _   | claim is for a con   | munity debt   | ☐ Other. Specify  |  |  |                              |
| Is the claim subje  | ct to offset?  |   |   |  |  |                              |
| □ No<br>□ Yes   |  |   |   |  |  |                              |

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| Debtor 1  | Margrit Shlimoun   | Case number (if known)   |
|---|--|--|
| Part 2:   | List All of Your NONPRIORIT  | Y Unsecured Claims   |
| ☐ No Ye   | es<br>of your nonpriority unsecured claims                           | Submit this form to the court with your other schedules.  in the alphabetical order of the creditor who holds each claim.  |
| type of   | claim it is. Do not list claims already incli                        | cured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in nsecured claims, fill out the Continuation Page of Part 2.  |
|   |  | Total claim  |
| Allnce Col<br>Nonpriority Cr<br>Po Box 50<br>Number   | aditor's Name  | Last 4 digits of account number 8 9 6 7  When was the debt incurred? 02/09/2015  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   |
| Debtor 2 Debtor 2 Debtor 2 Debtor 3 At least Check i  | State ZIP Code<br>ed the debt? Check one.<br>I only                  | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unknown Loan Type   |
| Blitt & Gain 661 Glenn Wheeling City Who incurre Debtor 1 Debtor 2 Debtor 1 At least Check in | Etreet nes P.C  Ave  IL 60090 State ZIP Code ed the debt? Check one. | S9,530.00  Last 4 digits of account number 1 0 9 2  When was the debt incurred? 07/2016  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card |

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| Debtor 1 Margrit Shlimoun   | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                     | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.   | m sequentially from the   | Total claim |
| 4.3   |   | \$5,010.00  |
| Chase Card  | Last 4 digits of account number 8 6 7 4   | Ψο,ο το.οο  |
| Nonpriority Creditor's Name   | When was the debt incurred? 05/2006   |             |
| Po Box 15298<br>Number Street                                       | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ Contingent  |             |
|   | Unliquidated Disputed   |             |
| Wilmington DE 19850   |   |             |
| City State ZIP Code Who incurred the debt? Check one.               | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only   | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another | Debts to pension or profit-sharing plans, and other-similar debts   |             |
| Check if this claim is for a community debt                         | ☑ Other. Specify  Credit Card   |             |
| Is the claim subject to offset?                                     | Credit Card   |             |
| ✓ No  |   |             |
| Yes   |   |             |
| 4.4   |   | \$00¢ 00    |
| Dsnb Macys  | Last 4 digits of account number 5 6 6 0   | \$996.00    |
| Nonpriority Creditor's Name   | When was the debt incurred? 01/2017   |             |
| Po Box 8218<br>Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ ☐ Contingent  |             |
|   | Unliquidated  |             |
| Mason OH 45040  | Disputed  |             |
| City State ZIP Code Who incurred the debt? Check one.               | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | Student loans   |             |
| Debtor 2 only   | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt                         | Other. Specify  |             |
| Is the claim subject to offset?                                     | Charge Account  |             |
| ✓ No  |   |             |
| Yes   |   |             |
| 4.5   |   | t4 472 00   |
| Kohls/capone  | Last 4 digits of account number 1 1 9 8   | \$1,173.00  |
| Nonpriority Creditor's Name   | When was the debt incurred? 12/2016   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ Contingent  |             |
|   | Unliquidated  |             |
| Menomonee Falls WI 53051  | Disputed  |             |
| City State ZIP Code Who incurred the debt? Check one                | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  Debtor 1 only                    | Student loans   |             |
| Debtor 2 only   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another                             | Other. Specify  |             |
| Check if this claim is for a community debt                         | Charge Account  |             |
| Is the claim subject to offset?  No                                 |   |             |
| Yes   |   |             |

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| Debtor 1 Margrit Shlimoun   | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                     | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.   | m sequentially from the   | Total claim |
| 4.6   |   | \$8,764.00  |
| Lvnv Funding Llc  | Last 4 digits of account number 2 4 1 8   | +-,         |
| Nonpriority Creditor's Name Po Box 1269                             | When was the debt incurred? 11/2017   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ Contingent  |             |
|   | Unliquidated Disputed   |             |
| Greenville SC 29602   |   |             |
| City State ZIP Code Who incurred the debt? Check one.               | Type of NONPRIORITY unsecured claim:  |             |
| ☑ Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only   | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt                         |   |             |
| Is the claim subject to offset?                                     | Pactoring Company Account   |             |
| ☑ No  |   |             |
| Yes   |   |             |
| 4.7   |   | \$848.00    |
| Midland Funding   | Last 4 digits of account number 9 4 1 0   | \$040.00    |
| Nonpriority Creditor's Name   | When was the debt incurred? 09/2017   |             |
| 2365 Northside Dr Ste 30 Number Street                              | As of the date you file, the claim is: Check all that apply.  |             |
|   | _   |             |
|   | ☐ Unliquidated<br>☐ ☐ Disputed  |             |
| San Diego CA 92108  |   |             |
| City State ZIP Code Who incurred the debt? Check one.               | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only   | that you did not report as priority claims  |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt                         | Other. Specify  |             |
| Is the claim subject to offset?                                     | Factoring Company Account   |             |
| ✓ No  |   |             |
| Yes   |   |             |
| 4.8   |   | \$1,352.00  |
| Nordstrom/td Bank Usa   | Last 4 digits of account number 3 4 2 0   | φ1,332.00   |
| Nonpriority Creditor's Name   | When was the debt incurred? 01/2017   |             |
| 13531 E Caley Ave Number Street                                     | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ Contingent  |             |
|   | Unliquidated  |             |
| Englewood CO 80111  | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  Debtor 1 only                    | Student loans  Obligations principe out of a congration agreement or diverse  |             |
| Debtor 2 only   | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another                             | Other. Specify  |             |
| Check if this claim is for a community debt                         | Credit Card   |             |
| Is the claim subject to offset? ☑ No                                |   |             |
| Yes   |   |             |

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| Debtor 1 Margrit Shlimoun   | Case number (if known)  |                                       |
|---|---|---------------------------------------|
| Part 2: Your NONPRIORITY Unse                                       | cured Claims Continuation Page  | · · · · · · · · · · · · · · · · · · · |
| After listing any entries on this page, number previous page.       | them sequentially from the  | Total claim                           |
| 4.9   |   | \$36.00                               |
| State Collection Servi  | Last 4 digits of account number 7 3 2 0   | φ30.00                                |
| Nonpriority Creditor's Name   | When was the debt incurred? 08/2017   |                                       |
| 2509 S Stoughton Rd<br>Number Street                                | As of the date you file, the claim is: Check all that apply.  |                                       |
|   | Contingent  |                                       |
|   | Unliquidated  |                                       |
| Madison WI 53716  | Disputed  |                                       |
| City State ZIP Code  Who incurred the debt? Check one.              | Type of NONPRIORITY unsecured claim:  |                                       |
| Debtor 1 only   | Student loans   |                                       |
| Debtor 2 only   | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |                                       |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts   |                                       |
| Check if this claim is for a community deb                          | Other. Specify  |                                       |
| Is the claim subject to offset?                                     | t Collection Attorney   |                                       |
| ☑ No ☐ Yes  |   |                                       |
| 4.10  |   | <b>\$9.482.00</b>                     |
| Us Bk Rms Cc  | Last 4 digits of account number 8 2 9 2   | Ψ3,402.00                             |
| Nonpriority Creditor's Name   | When was the debt incurred? 01/2017   |                                       |
| Po Box 108<br>Number Street   | As of the date you file, the claim is: Check all that apply.  |                                       |
|   | Contingent  |                                       |
|   | Unliquidated Disputed   |                                       |
| Saint Louis MO 63166  |   |                                       |
| City State ZIP Code Who incurred the debt? Check one.               | Type of NONPRIORITY unsecured claim:  |                                       |
| ☑ Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce  |                                       |
| Debtor 2 only Debtor 1 and Debtor 2 only                            | that you did not report as priority claims  |                                       |
| At least one of the debtors and another                             | Debts to pension or profit-sharing plans, and other similar debts   |                                       |
| Check if this claim is for a community deb                          | ☑ Other. Specify t Credit Card  |                                       |
| Is the claim subject to offset?                                     | ordan dara  |                                       |
| <b>☑</b> No   |   |                                       |
| Yes   |   |                                       |
| 4.11  |   | \$783.00                              |
| Us Bk Rms Cc  | Last 4 digits of account number 3 5 6 6   |                                       |
| Nonpriority Creditor's Name   | When was the debt incurred? 05/2008   |                                       |
| Po Box 108<br>Number Street   | As of the date you file, the claim is: Check all that apply.  |                                       |
|   | Contingent  |                                       |
|   | Unliquidated Disputed   |                                       |
| Saint Louis MO 63166  |   |                                       |
| Who incurred the debt? State ZIP Code Check one.                    | Type of NONPRIORITY unsecured claim:  |                                       |
| ✓ Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce  |                                       |
| Debtor 2 only   | that you did not report as priority claims  |                                       |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts   |                                       |
| Check if this claim is for a community deb                          | ☑ Other. Specify  t Credit Card   |                                       |
| Is the claim subject to offset?                                     | oreart card   |                                       |
| ✓ No  |   |                                       |
| Yes   |   |                                       |

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| Debtor 1 Margrit Shlimoun  | Case number (if known)  |
|--|---|
| Part 2: Your NONPRIORITY Unsecur   | red Claims Continuation Page  |
| After listing any entries on this page, number the previous page.  4.12  | m sequentially from the Total claim \$3,767.00  |
| Wf/preferr Nonpriority Creditor's Name Po Box 14517 Number Street  | Last 4 digits of account number 2 9 8 0  When was the debt incurred? 02/2017  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   |
| Des Moines  City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? ✓ No Yes | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts_to_pension_or_profit-sharing_plans, and other_similar_debts Other. Specify Charge Account |

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| Debtor 1 Margrit Shlimoun |       | Case number (if known)  |                    |                    |  |
|---------------------------|-------|---|--------------------|--------------------|--|
| Part 4:                   | Add t | he Amounts for Each Type of Unsecured Claim   |                    |                    |  |
|                           |       | nts of certain types of unsecured claims. This information is for a Add the amounts for each type of unsecured claim. | statistical report | ing purposes only. |  |
|                           |       |   |                    | Total claim        |  |
| Total claims              | 6a.   | Domestic support obligations  | 6a.                | \$0.00             |  |
| nom rais i                | 6b.   | Taxes and certain other debts you owe the government  | 6b.                | \$0.00             |  |
|                           | 6c.   | Claims for death or personal injury while you were intoxicated  | 6c.                | \$0.00             |  |
|                           | 6d.   | Other. Add all other priority unsecured claims. Write that amount   | here. 6d. 🚜        | \$0.00             |  |
|                           | 6e.   | Total. Add lines 6a through 6d.   | 6d.                | \$0.00             |  |
|                           |       |   |                    | Total claim        |  |
| Total claims              | 6f.   | Student loans   | 6f.                | \$0.00             |  |
|                           | 6g.   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims               | 6g,                | \$0.00             |  |
|                           | 6h.   | Debts to pension or profit-sharing plans, and other similar debts   | 6h.                | \$0.00             |  |
|                           | 6i.   | Other. Add all other nonpriority unsecured claims. Write that amo   | ount here. 6i. 👍   | \$41,841.00        |  |
|                           | 6j.   | Total. Add lines 6f through 6i.   | 6j.                | \$41,841.00        |  |

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| F                | ill in this inf               | ormation to ide       | entify your case:     |                       |                                       |  |  |      |
|------------------|-------------------------------|-----------------------|-----------------------|-----------------------|---------------------------------------|--|--|------|
| D                | ebtor 1                       | Margrit<br>First Name | Middle Name           | Shlimoun<br>Last Name |                                       |  |  |      |
|                  | ebtor 2<br>Spouse, if filing) | First Name            | Middle Name           | Last Name             | · · · · · · · · · · · · · · · · · · · |  |  |      |
| Uı               | nited States Ba               | nkruptcy Court for t  | he: <b>NORTHERN D</b> | ISTRICT OF ILLI       | NOIS                                  |  |  |      |
|                  | ase number<br>known)          |                       |                       |                       |                                       |  | Check if this is an amended filling                  |      |
| <u>Of</u>        | ficial Form                   | 106G                  |                       |                       |                                       |  |  |      |
| Sc               | hedule G                      | : Executory           | Contracts and         | d Unexpired           | Leases                                |  |  | 12/1 |
| cor              | rect information              | on. If more space i   |                       | additional page, f    | ill it out, nur                       |  | onsible for supplying<br>attach it to this page.     |      |
|                  | Do-you have                   | any executory cor     | ntracts-or-unexpired  | l leases?             |                                       |  |  |      |
| 1                | -                             |                       |                       |                       |                                       |  |  |      |
| - 1 <del>.</del> | المشط                         |                       |                       |                       |                                       | ou have nothing else on Schedule A/B: Prop | to report on this form.<br>perty (Official Form 106A | /B). |

Person or company with whom you have the contract or lease

State what the contract or lease is for

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|           |  |  |   |  | _  |   |             |
|-----------|--|--|---|--|--|---|-------------|
| F         | ill in this info   | ormation to iden   | tify your case:   |  |  |   |             |
| De        | ebtor 1  | Margrit<br>First Name  | Middle Name   | Shlimoun<br>Last Name  |  |   |             |
|           | ebtor 2<br>pouse, if filing)                                       |  | Middle Name   | Last Name  |  |   |             |
| Uı        | nited States Bar   | nkruptcy Court for the   | : NORTHERN DIST   | RICT OF ILLINOIS   |  |   |             |
|           | ase number<br>'known)  |  |   |  |  | Check if this is an amended filling                 |             |
| <u>Of</u> | ficial Form  | <u>106H</u>  |   |  |  |   |             |
| Sc        | hedule H:  | Your Codebt  | ors   |  |  |   | 12/1        |
| wo<br>nee | omarried peopleded, copy the ge. On the top.  Do you have a No Yes | e are filing together<br>Additional Page, fill<br>of any Additional Pa<br>any codebtors? (If | , both are equally resit out, and number the ges, write your name | y debts you may have. Be sponsible for supplying cone entries in the boxes on a and case_number (if knowase, do not list either spou | orrect information. If the left. Attach the Alewn). Answer every questions as a codebtor.) | nore space is<br>dditional Page to this<br>uestion. | · • • • • • |
| 2.        |  | a, California, Idaho, L  |   | r property state or territor<br>ew Mexico, Puerto Rico, Te   |  |   |             |
|           |  | your spouse, former  | spouse, or legal equiv  | valent live with you at the ti   | me?  |   |             |
| 3.        | person show creditor on S  | n in line 2 again as a<br><i>chedule D</i> (Official F                                       | a codebtor only if tha  | e your spouse as a codeb<br>it person is a guarantor oi<br>e <i>E/F</i> (Official Form 106E<br>olumn 2.                              | cosigner. Make sure  | you have listed the                                 |             |
|           | Column 1:  | Your codebtor  |   |  | Column 2: The credi  | tor to whom you owe th                              | e debt      |
|           |  |  |   |  | Check all schedules t  | hat apply:  |             |

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| F                        | ill in this inform  | ation to ident   | ify your case:  |  |                |                                |                  |  |
|--------------------------|---|--|---|--|----------------|--------------------------------|------------------|--|
|                          | Debtor 1  | Margrit  |   | Shlimour   | ì              |                                |                  |  |
|                          |   | First Name   | Middle Name   | Last Name  |                |                                | Che              | ck if this is:   |
| 1                        | Debtor 2<br>(Spouse, if filing)   | First Name   | Middle Name   | Last Name  |                |                                |                  | An amended filing  |
| 1                        | Vnited States Bankr   | uptcy Court for the                                      | : NORTHERN  | DISTRICT OF IL   | LINC           | ols                            |                  | A supplement showing postpetition chapter 13 income as of the following date:  |
|                          | Case number<br>(if known)   |  |   |  | _              |                                |                  |  |
| L                        | ficial Form 10  | <br>61   |   |  |                |                                | l                | MM / DD / YYYY   |
|                          | :hedule I: Yo   |  |   |  |                |                                |                  | 12/15  |
| res<br>inc<br>abo<br>you | ponsible for supply<br>lude information ab<br>out your spouse. If<br>ir name and case n | ring correct infor<br>out your spouse<br>more space is n | mation. If you are<br>. If you are separ<br>eeded, attach a se<br>). Answer every q | married and not t<br>ated and your spo<br>parate sheet to th | iling<br>use i | jointly, and<br>s not filing v | your :<br>with y | I Debtor 2), both are equally<br>spouse is living with you,<br>ou, do not include information<br>any additional pages, write |
| 1.                       | Fill in your emplo  | yment  |   | Dahtar 1   |                |                                |                  | Debtor 2 or non-filing spouse  |
|                          | If you have more to<br>job, attach a separ<br>with information ab                       | rate page <b>Em</b> ;<br>pout                            | oloyment status   | Debtor 1 ☐ Employed ☑ Not employe                            | ed             |                                |                  | ☐ Employed ☑ Not employed  |
|                          | additional employe  | ers.<br>Occ  | upation   | Unemployed   |                |                                |                  | Unemployed   |
|                          | Include part-time, s<br>or self-employed w  |  | oloyer's name   |  |                |                                | ****             |  |
|                          | Occupation may in student or homemapplies.  |  | oloyer's address  | Number Street  |                |                                |                  | Number Street  |
|                          |   |  |   |  |                |                                |                  |  |
|                          |   |  |   | City   | •              | State Zip C                    | ode              | City State Zip Code  |
|                          |   | Hov  | / long employed th  | nere?  |                |                                |                  |  |
| P                        | art 2: Give D   | etails About I   | Monthly Incom   | е  |                |                                |                  |  |
|                          | imate monthly inco  |  |   | n. If you have noth  | ing to         | report for ar                  | ny line          | , write \$0 in the space. Include your   |
|                          | ou or your non-filing<br>I need more space, a   |  |   | er, combine the info   | rmat           | ion for all em                 | ploye            | rs for that person on the lines below. If  |
|                          |   |  |   |  |                | For Debtor                     | 1                | For Debtor 2 or non-filing spouse  |
| 2.                       | List monthly gros<br>payroll deductions<br>would be.                                    |  | and commissions<br>thly, calculate what   |  | 2.             | \$                             | 0.00             | \$0.00   |
| 3.                       | Estimate and list   | monthly overtim  | e pay.  |  | 3. •           | +\$                            | 0.00             | \$0.00   |
| 4.                       | Calculate gross is  | ncome. Add line  | 2 + line 3.   |  | 4.             | \$                             | 0.00             | \$0.00   |

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| Debt     | tor 1    | Margrit Shlimoun   |                           | Case num                                       | nber (if known)                                    |
|----------|----------|--|---------------------------|--|--|
|          |          |  | - I                       | For Debtor 1                                   | For Debtor 2 or non-filing spouse                  |
|          | Сор      | y line 4 here  | 4.                        | \$0.00   | \$0.00   |
| 5.       | List     | all payroll deductions:  |                           |  |  |
|          |          | Tax, Medicare, and Social Security deductions  | 5a.                       | \$0.00   | <u> </u>   |
|          | 5b.      |  | 5b.                       | \$0.00   | \$0.00   |
|          | 5c.      | Voluntary contributions for retirement plans   | 5c.                       | \$0.00   | \$0.00   |
|          | 5d.      | Required repayments of retirement fund loans   | 5d.                       | \$0.00   | \$0.00   |
|          | 5e.      | Insurance  | 5e.                       | \$0.00   | \$0.00   |
|          | 5f.      | Domestic support obligations   | 5f.                       | \$0.00   | \$0.00   |
|          | 5g.      | Union dues   | 5g.                       | \$0.00   | \$0.00   |
|          | 5h.      | Other deductions. Specify:   | 5h.+                      | \$0.00   | \$0.00   |
| 6.       |          | the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.  | 6.                        | <u>\$0.00</u>                                  | \$0.00_  |
| 7.       |          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                        | \$0.00   | \$0.00   |
| <b>U</b> |          | Net income from rental property and from operating a business, profession, or farm   | 8a.                       | \$0.00   | \$0.00   |
|          |          | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  |                           |  |  |
|          | 8b.      | Interest and dividends   | 8b.                       | \$0.00   | \$0.00   |
|          | 8c.      | Family support payments that you, a non-filing spouse, or a dependent regularly receive  | 8c.                       | \$0.00   | \$0.00   |
|          |          | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   |                           |  |  |
|          | 8d.      | Unemployment compensation  | 8d.                       | \$0.00   | \$0.00   |
|          | 8e.      | Social Security  | 8e.                       | \$738.00                                       | \$433.00   |
|          | 8f.      | Other government assistance that you regularly receive   |                           | <del></del>                                    |  |
|          |          | Include cash assistance and the value (if known) or any non-<br>cash assistance that you receive, such as food stamps<br>(benefits under the Supplemental Nutrition Assistance Program)<br>or housing subsidies. |                           |  |  |
|          |          | Specify:   | 8f.                       | \$0.00   | \$0.00_  |
|          | 8a.      | Pension or retirement income   | -<br>8g.                  | \$0.00   | \$0.00   |
|          | -        | Other monthly income.<br>Specify:  | 8h. <b>+</b>              | \$0.00   | \$0.00   |
| 9.       | Add      | d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   | 9.                        | \$738.00                                       | \$433.00   |
| 10.      |          | culate monthly income. Add line 7 + line 9. It the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.                       | \$738.00                                       | + \$433.00 = \$1,171.00                            |
| 11.      | Sta      | te all other regular contributions to the expenses that you list in S<br>ude contributions from an unmarried partner, members of your housel<br>ands or relatives.   | <b>Schedu</b><br>hold, yd | i <b>le J.</b><br>our dependents, you          | ır roommates, and other                            |
|          | Do       | not include any amounts already included in lines 2-10 or amounts tha  | at are n                  | ot available to pay                            | ** **  |
|          | Spe      | ecify:   |                           |  | 11. +\$0.00_                                       |
| 12.      | inco     | d the amount in the last column of line 10 to the amount in line 11.<br>ome. Write that amount on the Summary of Your Assets and Liabilitie<br>applies.  | . The rest and C          | esult is the combine<br>Certain Statistical In | ad monthly 12. \$1,171.00  Combined monthly income |
| 13.      | Do       | you expect an increase or decrease within the year after you file  | this for                  | rm?  |  |
| . •••    | <b>☑</b> | No. None. Yes. Explain:  |                           | <u>-</u>                                       |  |
|          |          |  |                           |  |  |

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| F   | ill in this inform                   | nation to identi      | fy your case:   |  | Check if       | this is:                           |                            |
|-----|--------------------------------------|-----------------------|---|--|----------------|------------------------------------|----------------------------|
|     | Debtor 1                             | Margrit<br>First Name | Middle Name   | Shlimoun<br>Last Name                                      | An a           | mended filing<br>ipplement showing |                            |
|     | Debtor 2<br>(Spouse, if filing)      | First Name            | Middle Name   | Last Name  |                | oter 13 expenses a<br>wing date:   | is of the                  |
|     | United States Bankr                  | uptcy Court for the   | NORTHERN DISTR  | CT OF ILLINOIS   | _ <u></u>      | / DD / YYYY                        | <del>_</del>               |
| 1   | Case number<br>(if known)            |                       |   |  |                |                                    |                            |
| 01  | ficial Form 10                       | 16J                   |   |  | _              |                                    |                            |
| So  | chedule J: Yo                        | our Expense           | S   |  |                |                                    | 12/15                      |
| COI | rect information. I                  | f more space is ne    |   | are filing together, both a<br>eet to this form. On the to |                |                                    |                            |
| 2   | art 1: Descri                        | be Your House         | ehold   |  |                |                                    |                            |
| 1   | Is this a joint cas                  | e?                    |   |  |                |                                    |                            |
| 2.  | ☐ No☐ Yes                            | s. Debtor 2 must fi   | eparate household?<br>le Official Form 106J-2, Ex<br>No<br>Yes. Fill out this informa | openses for Separate House                                 | tionship to    | tor 2.  Dependent's age            | Does dependent             |
|     | Do not list Debtor 1 and Debtor 2.   |                       |   |  | live with you? |                                    |                            |
|     | Do not state the de                  | ependents'            |   | Spouse<br>Child  |                | 34                                 | - ☑ Yes<br>□ No<br>- ☑ Yes |
|     |                                      |                       |   |  |                |                                    | No Yes                     |
|     |                                      |                       |   |  |                |                                    | ☐ No                       |
|     |                                      |                       |   |  |                |                                    | ⁻                          |
| 3.  | Do your expense                      | s include             | <b>☑</b> No   | - 11 11  |                |                                    | - ☐ Yes                    |
|     | expenses of peop<br>yourself and you |                       | Yes   |  |                |                                    |                            |
| F   | art 2: Estima                        | ate Your Ongo         | ing Monthly Expense   | es   |                |                                    |                            |
| to  |                                      | of a date after the   |   | s you are using this form this is a supplemental Sch       |                |                                    |                            |
|     |                                      |                       | h government assistance<br>n Schedule I: Your Incom                                   | e if you know the value of<br>ne (Official Form 106I.)     |                | Your expen                         | ses                        |
| 4.  |                                      |                       | enses for your residence<br>any rent for the ground or                                |  |                | 4                                  | \$1,350.00                 |
|     | If not included in                   | line 4:               |   |  |                |                                    |                            |
|     | 4a. Real estate ta                   | axes                  |   |  |                | 4a                                 |                            |
|     | 4b. Property, hon                    | neowner's, or rente   | r's insurance   |  |                | 4b                                 | <del></del>                |
|     | 4c. Home mainte                      | nance, repair, and    | upkeep expenses   |  |                | 4c                                 |                            |
|     | 4d. Homeowner's                      | association or co     | ndominium dues  |  |                | 4d.                                |                            |

page 1

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| Deb | otor 1 Margrit Shlimoun   | Case number (if known) |  |  |  |
|-----|---|------------------------|--|--|--|
|     |   | Your expenses          |  |  |  |
| 5.  | Additional mortgage payments for your residence, such as home equity loans  | 5.                     |  |  |  |
| 6.  | Utilities:  |                        |  |  |  |
|     | 6a. Electricity, heat, natural gas  | 6a. <b>\$50.00</b>     |  |  |  |
|     | 6b. Water, sewer, garbage collection  | 6b. <b>\$45.00</b>     |  |  |  |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c. <u>\$100.00</u>    |  |  |  |
|     | 6d. Other. Specify:   | 6d                     |  |  |  |
| 7.  | Food and housekeeping supplies  | 7. \$300.00            |  |  |  |
| 8.  | Childcare and children's education costs 8.   |                        |  |  |  |
| 9.  | Clothing, laundry, and dry cleaning   | 9.                     |  |  |  |
| 10. | Personal care products and services   | 10:                    |  |  |  |
| 11. | Medical and dental expenses   | 11. <b>\$50.00</b>     |  |  |  |
| 12. | <ul> <li>Transportation. Include gas, maintenance, bus or train</li> <li>fare. Do not include car payments.</li> </ul>  |                        |  |  |  |
| 13. | Entertainment, clubs, recreation, newspapers,   |                        |  |  |  |
| 14. | magazines, and books Charitable contributions and religious donations   | 14.                    |  |  |  |
|     | Insurance.  |                        |  |  |  |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.   |                        |  |  |  |
|     | 15a. Life insurance   | 15a.                   |  |  |  |
|     | 15b. Health insurance   | 15b                    |  |  |  |
|     | 15c. Vehicle insurance  | 15c                    |  |  |  |
|     | 15d. Other insurance. Specify:  | 15d.                   |  |  |  |
| 16. | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  | 16.                    |  |  |  |
| 17. | Installment or lease payments:  |                        |  |  |  |
|     | 17a. Car payments for Vehicle 1   | 17a.                   |  |  |  |
|     | 17b. Car payments for Vehicle 2   | 17b.                   |  |  |  |
|     | 17c. Other. Specify:  | 17c.                   |  |  |  |
|     | 17d. Other. Specify:  |                        |  |  |  |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18                     |  |  |  |
| 19. | Other payments you make to support others who do not live with you.  Specify:   | 19.                    |  |  |  |

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| Deb | tor 1 | Margrit Shlimoun  | Case number (if known) |            |
|-----|-------|---|------------------------|------------|
| 20. |       | real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.   |                        |            |
|     | 20a.  | Mortgages on other property   | 20a                    |            |
|     | 20b.  | Real estate taxes   | 20b                    |            |
|     | 20c.  | Property, homeowner's, or renter's insurance  | 20c                    |            |
|     | 20d.  | Maintenance, repair, and upkeep expenses  | 20d                    |            |
|     | 20e.  | Homeowner's association or condominium dues   | 20e.                   |            |
| 21. | Other | . Specify:  | 21. +                  |            |
| 22. | Calcu | ılate your monthly expenses.  |                        |            |
|     | 22a.  | Add lines 4 through 21.   | 22a                    | \$1,895.00 |
|     | 22b.  | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.  | 22b                    |            |
|     | 22c.  | Add line 22a and 22b. The result is your monthly expenses.  | 22c.                   | \$1,895.00 |
| 23. | Calcu | ulate your monthly net income.  |                        |            |
|     | 23a.  | Copy line 12 (your combined monthly income) from Schedule 1.  | 23a                    | \$1,171.00 |
|     | 23b.  | Copy your monthly expenses from line 22c above.   | 23b. <u> </u>          | \$1,895.00 |
|     | 23c.  | Subtract your monthly expenses from your monthly income. The result is your monthly net income.   | 23c                    | (\$724.00) |
| 24. | Do y  | ou expect an increase or decrease in your expenses within the year after you fil  | e this form?           |            |
|     | For e | xample, do you expect to finish paying for your car loan within the year or do you exp<br>ent to increase or decrease because of a modification to the terms of your mortgage | ect your mortgage<br>? |            |
|     | _     | Yes. Explain here: None.  |                        |            |

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| F   | ll in this inf                   | ormation to                             | identify your case   |   |  |   |
|-----|----------------------------------|---|--|---|--|---|
| De  | ebtor 1                          | Margrit                                 | Middle Name  | Shlimoun<br>Last Name   |  |   |
| De  | ebtor 2                          | First Name                              | widde Name   | Lastinanie  |  |   |
|     | pouse, if filing)                | First Name                              | Middle Name  | Last Name   | :  |   |
| Ur  | nited States Ba                  | nkruptcy Court                          | for the: <b>NORTHERN D</b>                                 | ISTRICT OF ILLINOIS   |  |   |
| 1   | ase number<br>known)             |   |  |   | ☐ Check if amended   | this is an<br>d filing                      |
| Of  | ficial Form                      | 106Sum                                  |  |   | 1  |   |
|     |                                  |   | sets and Liabilit  | ies and Certain Stat  | tistical Information   | 12/15                                       |
| sch | rect information edules after ye | on. Fill out all<br>ou file your ori    | of your schedules first;<br>ginal forms, you must          | then complete the information                                   | both are equally responsible fo<br>on on this form. If you are filing<br>neck the box at the top of this p | amended                                     |
| P   | art 1: Su                        | mmarize Yo                              | ur Assets  |   |  |   |
|     |                                  |   |  |   |  | <b>Your assets</b><br>Value of what you own |
| 1.  |                                  |   | cial Form 106A/B)  |   |  |   |
|     | 1a. Copy line                    | e 55, Total real                        | estate, from Schedule A                                    | /B  |  | \$0.00                                      |
|     | 1b. Copy line                    | e 62, Total pers                        | onal property, from Sche                                   | edule A/B   |  | \$850.00                                    |
|     | 1c. Copy line                    | e 63, Total of a                        | I property on Schedule A                                   | VB  |  | \$850.00                                    |
| Р   | art 2: Su                        | mmarize Yo                              | our Liabilities  |   |  |   |
|     |                                  |   |  |   |  | Your liabilities<br>Amount you owe          |
| 2.  | Schedule D: 0                    | Creditors Who a<br>e total you listed   | Have Claims Secured by<br>I in Column A, Amount c          | Property (Official Form 106D) f claim, at the bottom of the las | t page of Part 1 of Schedule D   | \$0.00                                      |
| 3.  | Schedule E/F                     | : Creditors Who<br>e total claims fr    | o <i>Have Unsecured Clain</i><br>om Part 1 (priority unsec | s (Official Form 106E/F)<br>ured claims) from line 6e of Sch    | nedule E/F   | \$0.00                                      |
|     | 3b. Copy the                     | e total claims fr                       | om Part 2 (nonpriority un                                  | secured claims) from line 6j of                                 | Schedule E/F   | <b>+</b> \$41,841.00                        |
|     |                                  |   |  |   | Your total liabilities   | \$41,841.00                                 |
| E   | art 3: Su                        | ımmarize Yo                             | our Income and Ex  | penses  |  |   |
| 4.  | Schedule I: Y<br>Copy your co    | our Income (O                           | fficial Form 106I)<br>y income from line 12 of             | Schedule I  |  | \$1,171.00                                  |
| 5.  | Schedule J: \Copy your mo        | Yo <i>ur Expenses</i><br>onthly expense | (Official Form 106J)<br>s from line 22c of Sched           | ule J   |  | \$1,895.00                                  |

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| Del | Debtor 1 Margrit Shlimoun Case |  | Case number (if known)  |                  |
|-----|--------------------------------|--|---|------------------|
| F   | art 4                          | Answer These Questions for Administrative and Statist  | ical Records  |                  |
| 6.  | Are                            | you filing for bankruptcy under Chapters 7, 11, or 13?   |   |                  |
|     |                                | No. You have nothing to report on this part of the form. Check this box and s  | submit this form to the court with your o                                       | other schedules. |
| 7.  | Wha                            | at kind of debt do you have?   |   |                  |
|     | Ø                              | Your debts are primarily consumer debts. Consumer debts are those "incompanily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for state | urred by an individual primarily for a pe<br>istical purposes. 28 U.S.C. § 159. | ersonal,         |
|     |                                | Your debts are not primarily consumer debts. You have nothing to report this form to the court with your other schedules.                                |   | ox and submit    |
| 8.  |                                | m the Statement of Your Current Monthly Income: Copy your total current notial Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.      |   | \$1,171.00       |
| 9.  | Сор                            | by the following special categories of claims from Part 4, line 6 of Schedul   | le E/F:   |                  |
|     |                                |  | Total claim   |                  |
|     | From                           | m Part 4 on Schedule E/F, copy the following:  |   |                  |
|     | 9a.                            | Domestic support obligations. (Copy line 6a.)  | \$0.00  |                  |
|     | 9b.                            | Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$0.00  |                  |
|     | 9c.                            | Claims for death or personal injury while you were intoxicated. (Copy line 6c.   | \$0.00  |                  |
|     | 9d.                            | Student loans. (Copy line 6f.)   | \$0.00  |                  |
|     | 9e.                            | Obligations arising out of a separation agreement or divorce that you did not priority claims. (Copy line 6g.)   | report as \$0.00  |                  |
|     | 9f.                            | Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6  | 6h.) + \$0.00   | 1                |
|     | 90                             | Total Add lines 9a through 9f.   | \$0.00  |                  |

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| Fill in this inf                      | ormation to i      | dentify your case        |                             |   |
|---------------------------------------|--------------------|--------------------------|-----------------------------|---|
| Debtor 1                              | Margrit            |                          | Shlimoun                    |   |
|                                       | First Name         | Middle Name              | Last Name                   |   |
| Debtor 2<br>(Spouse, if filing)       | First Name         | Middle Name              | Last Name                   | -   |
| , , , , , ,                           |                    | " NORTHERN B             | NOTEDIOT OF U. LINOIS       |   |
| United States Ba                      | nkruptcy Court fo  | r the: <b>NORTHERN D</b> | ISTRICT OF ILLINOIS         | _   |
| Case number<br>(if known)             |                    |                          |                             | Check if this is an   |
|                                       |                    |                          |                             | amended filing  |
| <u>Official Form</u>                  | 106Dec             |                          |                             |   |
| Declaration                           | About an I         | ndividual Debt           | or's Schedules              | 12/15   |
| If there we needed to a               | nole are filing to | acthor, both are equa    | lly responsible for supplyi | ing correct information   |
|                                       |                    |                          |                             |   |
| You must file this                    | form whenever      | you file bankruptcy s    | chedules or amended sch     | nedules. Making a faise statement,<br>n a bankruptcy case can result in fines up to           |
| \$250,000, or impr                    | isonment for up    | to 20 years, or both.    | 18 U.S.C. §§ 152, 1341, 15  | ing, and 3571.  |
|                                       |                    |                          |                             |   |
| Sig                                   | n Below            |                          |                             |   |
|                                       |                    |                          |                             |   |
| Did you pay                           | or agree to pay s  | someone who is NOT       | an attorney to help you fil | Il out bankruptcy forms?  |
| <b>☑</b> No                           |                    |                          |                             |   |
| Yes. N                                | ame of person      |                          |                             | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|                                       |                    |                          |                             | Declaration, and Signature (Official Form 119).   |
|                                       |                    |                          |                             |   |
|                                       |                    |                          |                             |   |
|                                       |                    |                          |                             |   |
| Under penalt                          | v of periury. I de | clare that I have read   | I the summary and schedu    | iles filed with this declaration and that they are  |
| Under penalt<br>true and corr         |                    | clare that I have read   | l the summary and schedu    | ules filed with this declaration and that they are  |
| true and corr                         | rect.              |                          | i the summary and schedu    | ules filed with this declaration and that they are  |
| true and corr                         | rect.              |                          |                             |   |
| true and core X <u>Mみず</u> Margrit Sh | rect.              | iclare that I have read  | XSignature of Debtor        |   |

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|           |                    |                        | Boodii                   | ioni rago o              | 3 3  |       |
|-----------|--------------------|------------------------|--------------------------|--------------------------|--|-------|
| F         | ill in this inf    | ormation to ider       | ntify your case:         |                          |  |       |
| D         | ebtor 1            | Margrit                |                          | Shlimoun                 |  |       |
| -         | OD TO              | First Name             | Middle Name              | Last Name                |  |       |
| _         | ebtor 2            |                        |                          |                          |  |       |
|           | Spouse, if filing) | First Name             | Middle Name              | Last Name                | <del></del>  |       |
| '         |                    |                        |                          |                          |  |       |
| U         | nited States Bar   | nkruptcy Court for the | : NORTHERN DIST          | TRICT OF ILLINOIS        |  |       |
| l c       | ase number         |                        |                          |                          | ☐ Check if this is an  |       |
| (if       | known)             |                        |                          |                          | amended filing   |       |
|           |                    |                        |                          |                          | dinerided limig  |       |
| <u>Of</u> | <u>ficial Form</u> | <u>107</u>             |                          |                          |  |       |
| S+        | atement o          | f Financial Δt         | faire for Indiv          | iduals Filing fo         | or Bankruntev  | 04/16 |
| -         | atement o          | i i manorai A          | nano tor mart            | radalo i ililig is       | , bankiaptoy   |       |
| cor       | rect informatio    | n. If more space is    |                          | parate sheet to this fo  | ther, both are equally responsible for supplying rm. On the top of any additional pages, write   |       |
| P         | art 1: Giv         | e Details About        | Your Marital Sta         | tus and Where Yo         | u-Lived Before   |       |
| 1.        | What is your       | current marital state  | us?                      |                          |  |       |
|           | Married            | our or marrial oral    |                          |                          |  |       |
|           | ☐ Not marrie       | ed                     |                          |                          |  |       |
|           |                    |                        | . 15                     | 41                       |  |       |
| 2.        |                    | st a years, nave you   | i iived anywhere othe    | er than where you live   | t now r  |       |
|           | ☑ No               | all of the places you  | lived in the last 3 year | s. Do not include whe    | re you live now  |       |
|           |                    | , ,                    | •                        |                          |  |       |
| 3.        | (Community p       |                        |                          |                          | in a community property state or territory?<br>puisiana, Nevada, New Mexico, Puerto Rico, Texas, |       |
|           | <b>☑</b> No        |                        |                          |                          |  |       |
|           | Yes. Mak           | e sure you fill out Sc | hedule H: Your Codel     | otors (Official Form 106 | BH).   |       |
|           |                    |                        |                          |                          |  |       |

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| Det | otor 1               | Margrit S                            | Shlimoun Case number (if known)  |
|-----|----------------------|--------------------------------------|--|
| P   | art 2:               | Explair                              | n the Sources of Your Income   |
| 4.  | Fill in the          | e total amo                          | income from employment or from operating a business during this year or the two previous calendar years? bunt of income you received from all jobs and all businesses, including part-time activities. bint case and you have income that you receive together, list it only once under Debtor 1.  |
|     | ☑ No<br>☐ Yes.       | . Fill in the                        | e details.   |
| 5.  | Include i<br>unemplo | ncome reg<br>yment; an<br>ibling and | ny other income during this year or the two previous calendar years? gardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; d other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; lottery winnings. If you are in a joint case and you have income that you received together, list it only once under |
|     | List each            | n source a                           | nd the gross income from each source separately. Do not include income that you listed in line 4.  |
|     | ☑ No<br>☐ Yes.       | Fill in the                          | edetails:  |
| Р   | art 3:               | List Ce                              | ertain Payments You Made Before You Filed for Bankruptcy   |
| 6.  | Are eith             | er Debtor                            | 1's or Debtor 2's debts primarily consumer debts?  |
|     | □ No.                |                                      | <b>Debtor 1 nor Debtor 2 has primarily consumer debts.</b> Consumer debts are defined in 11 U.S.C. § 101(8) as d by an individual primarily for a personal, family, or household purpose."   |
|     |                      | During t                             | he 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?  |
|     |                      | □ No.                                | Go to line 7.  |
|     |                      | ☐ Yes.                               | List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.   |
|     |                      | * Subjec                             | ct to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.   |
|     | ✓ Yes.               | Debtor                               | 1 or Debtor 2 or both have primarily consumer debts.   |
|     |                      | During t                             | he 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?   |
|     |                      | ☑ No.                                | Go to line 7.  |
|     |                      | ☐ Yes.                               | List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony.  Also, do not include payments to an attorney for this bankruptcy case.   |

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| De  | btor 1                                   | Margrit Shlimoun  |  |   | Case number (if                      | known) _                |                              |                      |                    |  |  |
|-----|--|---|--|---|--------------------------------------|-------------------------|------------------------------|----------------------|--------------------|--|--|
| 7.  | <i>Insiders</i><br>corporat<br>agent, ir | include your relatives; ar<br>ions of which you are an  | or bankruptcy, did you make a<br>ny general partners; relatives of a<br>officer, director, person in contro<br>ss you operate as a sole propriet<br>y. | any general partne<br>ol, or owner of 20% | rs; partnerships<br>or more of their | of which y<br>voting se | ou are a ge<br>curities; and | neral pa<br>I any ma | anaging            |  |  |
|     | ☑ No<br>☐ Yes                            | . List all payments to an i   | insider.   |   |                                      |                         |                              |                      |                    |  |  |
| 8.  |  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? |  |   |                                      |                         |                              |                      |                    |  |  |
|     | include                                  | payments on debts guara   | nteed or cosigned by an insider.   |   |                                      |                         |                              |                      |                    |  |  |
|     | ☑ No<br>☐ Yes                            | . List all payments that be   | enefited an insider.   |   |                                      |                         |                              |                      |                    |  |  |
| 9.  | List all s                               | year before you filed fo  | ions, Repossessions, and<br>or bankruptcy, were you a party<br>rsonal injury cases, small claims<br>tes.   | y in any lawsuit, d                       | ourt action, or                      | administi<br>paternity  | rative proce<br>actions, sup | eding?               | custody            |  |  |
|     | □ No<br>☑ Yes                            | Fill in the details.  |  |   |                                      |                         |                              |                      |                    |  |  |
|     | se title                                 |   | Nature of the case   |   | t or agency                          |                         | s                            | tatus o              | f the case         |  |  |
|     | pital One<br>Iimoun                      | Bank v Margrit  | Credit card debt   | <u>Cool</u><br>Court                      | <mark>κ County Cou</mark><br>Name    | <u>'t</u>               |                              | <u> </u>             | <b>7</b> Pending   |  |  |
| •   |  |   |  | <u>50 W</u>                               | est Washingt                         | on                      |                              | r                    | <b>7</b> On appeal |  |  |
| Cas | se number                                | 18 M1 120215  |  | Numb                                      | er Street                            |                         |                              |                      | Concluded          |  |  |
|     |  |   | ı  | Chic                                      | 200                                  | IL                      | 60602                        |                      | 4                  |  |  |
|     |  |   |  | City                                      | ago                                  | State                   | ZIP Code                     | —                    |                    |  |  |
| 10. | seized,                                  | year before you filed foor levied?<br>Il that apply and fill in the   | or bankruptcy, was any of your<br>details below.   | property reposse                          | essed, foreclos                      | ed, garnis              | shed, attach                 | ıed,                 |                    |  |  |
|     | -  | Go to line 11. Fill in the information be   | elow.  |   |                                      |                         |                              |                      |                    |  |  |
| 11. |  |   | for bankruptcy, did any credito<br>refuse to make a payment bed  |   |                                      | nstitution              | , set off an                 | y                    |                    |  |  |
|     | ☑ No<br>☐ Yes.                           | Fill in the details.  |  |   |                                      |                         |                              |                      |                    |  |  |
| 12. |  |   | or bankruptcy, was any of your<br>eiver, a custodian, or another   |   | ossession of ar                      | n assigne               | e for the be                 | nefit of             | f                  |  |  |
|     | ☑ No<br>□ Yes                            |   |  |   |                                      |                         |                              |                      |                    |  |  |

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| Deb | otor 1        | Margrit Shlimoun   | Case number (if known)  |
|-----|---------------|--|---|
| P   | art 5:        | List Certain Gifts and Contributions   |   |
| 13. | Within        | 2 years before you filed for bankruptcy, did you ç   | give any gifts with a total value of more than \$600 per person?  |
|     | ☑ No<br>☐ Yes | s. Fill in the details for each gift.  |   |
| 14. |               | 2 years before you filed for bankruptcy, did you g<br>charity?   | live any gifts or contributions with a total value of more than \$600   |
|     | ☑ No<br>□ Yes | s. Fill in the details for each gift or contribution.  |   |
| P   | art 6:        | List Certain Losses  |   |
| 15. |               | 1 year before you filed for bankruptcy or since yo<br>isaster, or gambling?                                    | ou filed for bankruptcy, did you lose anything because of theft, fire,  |
|     | ☑ No<br>☐ Yes | s. Fill in the details.  |   |
| P   | art 7:        | List Certain Payments or Transfers   |   |
| 16. | anyone        | you consulted about seeking bankruptcy or prej   |   |
|     | Include       | any attorneys, bankruptcy petition preparers, or cred  | lit counseling agencies for services required for your bankruptcy.  |
|     | ✓ No<br>☐ Yes | . Fill in the details.   |   |
| 17. |               | l year before you filed for bankruptcy, did you or<br>who promised to help you deal with your credito          | anyone else acting on your behalf pay or transfer any property to<br>ors or to make payments to your creditors? |
|     | Do not i      | nclude any payment or transfer that you listed on lin  | e 16.   |
|     | ☑ No<br>□ Yes | . Fill in the details.   |   |
| 18. |               | 2 years before you filed for bankruptcy, did you s<br>y transferred in the ordinary course of your busi        | ell, trade, or otherwise transfer any property to anyone, other than<br>ness or financial affairs?              |
|     |               | both outright transfers and transfers made as securi<br>nclude gifts and transfers that you have already liste | ty (such as granting of a security interest or mortgage on your property). d on this statement.                 |
|     | ☑ No<br>□ Yes | . Fill in the details.   |   |
| 19. |               | 10 years before you filed for bankruptcy, did you a beneficiary? (These are often called asset-pro             | transfer any property to a self-settled trust or similar device of which tection devices.)                      |
|     | M No Yes      | . Fill in the details.   |   |

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| Del        | otor 1                            | Margrit Shlimoun   | Case number (if known)                           |
|------------|-----------------------------------|--|--|
| P          | art 8:                            | List Certain Financial Accounts, Instruments, Safe De  | posit Boxes, and Storage Units                   |
| 20.        |                                   | 1 year before you filed for bankruptcy, were any financial accounts o<br>, closed, sold, moved, or transferred?  | r instruments held in your name, or for your     |
|            |                                   | checking, savings, money market, or other financial accounts; certificate, pension funds, cooperatives, associations, and other financial institution  |  |
|            | ✓ No<br>☐ Yes                     | s. Fill in the details.  |  |
| 21.        |                                   | now have, or did you have within 1 year before you filed for bankrup<br>urities, cash, or other valuables?   | otcy, any safe deposit box or other depository   |
|            | ☑ No<br>☐ Yes                     | s. Fill in the details.  |  |
| 22.        | Have yo                           | ou stored property in a storage unit or place other than your home w   | ithin 1 year before you filed for bankruptcy?    |
|            |                                   | Fill in the details.   |  |
| P          | art 9:                            | Identify Property You Hold or Control for Someone Els  | se   |
| 23.        |                                   | hold or control any property that someone else owns? Include any in trust for someone.   | property you borrowed from, are storing for,     |
|            | ☑ No<br>☐ Yes                     | . Fill in the details.   |  |
| Р          | art 10:                           | Give Details About Environmental Information   |  |
| For        | the purp                          | ose of Part 10, the following definitions apply:   |  |
| ì          | nazardoι                          | nental law means any federal, state, or local statute or regulation cor<br>is or toxic substance, wastes, or material into the air, land, soil, surfa<br>statutes or regulations controlling the cleanup of these substances | ace water, groundwater, or other medium,         |
| <b>=</b> ( | S <i>it</i> e mea<br>utilize it d | ns any location, facility, or property as defined under any environme<br>or used to own, operate, or utilize it, including disposal sites.   | ntal law, whether you now own, operate, or       |
|            |                                   | <i>is material</i> means anything an environmental law defines as a hazar<br>e, hazardous material, pollutant, contaminant, or similar item.   | dous waste, hazardous substance, toxic           |
| Rep        | ort all no                        | otices, releases, and proceedings that you know about, regardless of   | when they occurred.                              |
| 24.        | Has any<br>law?                   | governmental unit notified you that you may be liable or potentially   | liable under or in violation of an environmental |
|            | ☑ No<br>☐ Yes                     | . Fill in the details.   |  |

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| Deb                  | otor 1                          | Margrit Shlimoun   |                                     | ase number (if known)   |
|----------------------|---------------------------------|--|-------------------------------------|---|
| 25.                  | <b>☑</b> No                     | ou notified any governmental unit of any rel<br>. Fill in the details.   | ease of hazardous material?         |   |
| 26.                  | Have you                        | ou been a party in any judicial or administra  | ative proceeding under any er       | vironmental law? Include settlements and  |
|                      | ☑ No<br>☐ Yes                   | s. Fill in the details.  |                                     |   |
| P                    | art 11:                         | Give Details About Your Busines  | s or Connections to Any             | Business  |
| 27.                  | Within busines                  | 4 years before you filed for bankruptcy, did<br>ss?  | you own a business or have          | any of the following connections to any   |
|                      |                                 | A sole proprietor or self-employed in a trade,<br>A member of a limited liability company (LLC<br>A partner in a partnership<br>-An officer, director, or managing-executive of<br>An owner of at least 5% of the voting or equi | c) or limited liability partnership | LLP)  |
|                      | _                               | None of the above applies. Go to Part 12.  Check all that apply above and fill in the det  |                                     |   |
| 28.                  |                                 | 2 years before you filed for bankruptcy, did<br>ncial institutions, creditors, or other parties  |                                     | t to anyone about your business? Include  |
|                      | □ No □ Yes                      | . Fill in the details below.   |                                     |   |
| P                    | art 12:                         | Sign Below   |                                     |   |
| that<br>prop<br>or b | answer<br>perty by<br>ooth. 18  | the answers on this Statement of Financial is are true and correct. I understand that ma fraud in connection with a bankruptcy case U.S.C. §§ 152, 1341, 1519, and 3571.   | aking a false statement, conce      | aling property, or obtaining money or   |
| X                    | <u>∕M &amp; Y</u><br>Margrit Si | grit Shlimoun x  | Signature of Debtor 2               |   |
|                      | _                               | 7-2-14   | Date                                |   |
| Did                  | you atta                        | ch additional pages to Your Statement of Fi  | nancial Affairs for Individuals     | Filing for Bankruptcy (Official Form 107)?  |
|                      | No<br>Yes                       |  |                                     |   |
| Did                  | you pay                         | or agree to pay someone who is not an atte   | orney to help you fill out bank     | ruptcy forms?   |
| -                    | No<br>Yes, Na                   | me of person   |                                     | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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B2030 (Form 2030) (12/15)

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

| ln | re Margrit Shlimoun   | Case No.                       |   |
|----|---|--------------------------------|---|
|    |   | Chapter                        | 7   |
|    | DISCLOSURE OF COMPENSATION OF ATTOR   | NEY FOR                        | DEBTOR  |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the that compensation paid to me within one year before the filling of the petition in baservices rendered or to be rendered on behalf of the debtor(s) in contemplation of is as follows: | ankruptcy, or a                | agreed to be paid to me, for                        |
|    | For legal services, I have agreed to accept   |                                | \$700.00  |
|    | Prior to the filing of this statement I have received   |                                | \$700.00  |
|    | Balance Due   | ****                           | \$0.00  |
| 2. | The source of the compensation-paid to me was:  ☐ Other (specify)   |                                |   |
| 3. | The source of compensation to be paid to me is:  ☐ Debtor ☐ Other (specify)   |                                |   |
| 4. | ☑ I have not agreed to share the above-disclosed compensation with any other associates of my law firm.   | r person unles                 | ss they are members and                             |
|    | I have agreed to share the above-disclosed compensation with another pers<br>associates of my law firm. A copy of the agreement, together with a list of the<br>compensation, is attached.  | on or persons<br>e names of th | s who are not members or<br>e people sharing in the |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all  | aspects of the                 | e bankruptcy case, including:                       |
|    | a. Analysis of the debtor's financial situation, and rendering advice to the debtor bankruptcy;   | in determining                 | g whether to file a petition in                     |

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

7-2-180

Date

Jason Sager

Jason Sager Law Office of Jason Sager

2915 West Devon Ave

Chicago, IL 60659

Phone: (773) 338-3200 / Fax: (773) 338-7002

Bar No. 6282095

margrit Shlimoun

Margrit Shlimoun

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#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Margrit Shlimoun

CASE NO

CHAPTER 7

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

| Date | 7-2-18 | Signature Maygrit Shlir<br>Margrit Shlimoun | noUN |
|------|--------|---|------|
|      |        |   |      |
| Date |        | Signature                                   |      |

Debtor(s): ManGrassem18-18961 Doc 1 Filest-07/05/18 Entered 07/05/18 12:45:39 Description of Illinois Page 45 of 47

EASTERN DIVISION (CHICAGO)

Allnce Col Po Box 506 Richmond, IL 60071 Wf/preferr Po Box 14517 Des Moines, IA 50306

Capital One C/0 Blitt & Gaines P.C 661 Glenn Ave Wheeling, IL 60090

Chase Card Po Box 15298 Wilmington, DE 19850

Dsnb Macys Po Box 8218 Mason, OH 45040

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Lvnv Funding Llc Po Box 1269 Greenville, SC 29602

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108

Nordstrom/td Bank Usa 13531 E Caley Ave Englewood, CO 80111

State Collection Servi 2509 S Stoughton Rd Madison, WI 53716

Us Bk Rms Cc Po Box 108 Saint Louis, MO 63166 Case 18-18961 Doc 1 Filed 07/05/18 Entered 07/05/18 12:45:39 Desc Main Document Page 46 of 47

Jason Sager, Bar No. 6282095 Law Office of Jason Sager 2915 West Devon Ave Chicago, IL 60659 (773) 338-3200 Attorney for the Petitioner

#### UNITED STATES BANKRUPTCY COURT FOR THE

NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

| In re:           | Case No.:                    |
|------------------|------------------------------|
| Margrit Shlimoun | SSN: xxx-xx-4361             |
|                  | SSN:                         |
| Debtor(s)        | Numbered Listing of Creditor |

7556 N Maplewood Ave Chicago, IL 60645

Address:

Chapter: 7

|    | Creditor name and mailing address   | Category of claim | Amount of claim |
|----|---|-------------------|-----------------|
| 1. | Allnce Col<br>Po Box 506<br>Richmond, IL 60071<br>xxxxxx8967  | Unsecured Claim   | \$100.00        |
| 2. | Capital One<br>C/O<br>Blitt & Gaines P.C<br>661 Glenn Ave<br>Wheeling, IL 60090<br>xxxxxxxxxxxx1092 | Unsecured Claim   | \$9,530.00      |
| 3. | Chase Card Po Box 15298 Wilmington, DE 19850 xxxxxxxxxxxx8674                                       | Unsecured Claim   | \$5,010.00      |
| 4. | Dsnb Macys Po Box 8218 Mason, OH 45040 xxxxxxxxxxxx5660   | Unsecured Claim   | \$996.00        |
| 5. | Kohls/capone<br>N56 W 17000 Ridgewood Dr<br>Menomonee Falls, WI 53051<br>xxxxxxxxxxxx1198           | Unsecured Claim   | \$1,173.00      |
| 6. | Lvnv Funding Llc<br>Po Box 1269<br>Greenville, SC 29602<br>xxxxxxxxxxx2418                          | Unsecured Claim   | \$8,764.00      |

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|            |   | Debtor  | Case No. (if known)                                   |
|------------|---|---|---|
|            | Creditor name and mailing address   | Category of claim   | Amount of claim                                       |
| •          | Midland Funding<br>2365 Northside Dr Ste 30<br>San Diego, CA 92108<br>xxxxxx9410              | Unsecured Claim   | \$848.0   |
|            | Nordstrom/td Bank Usa<br>13531 E Caley Ave<br>Englewood, CO 80111<br>xxxxxxxxxxxx3420         | Unsecured Claim   | \$1,352.0   |
| •          | State Collection Servi<br>2509 S Stoughton Rd<br>Madison, WI 53716<br>xxxx7320                | Unsecured Claim   | \$36.0  |
| ).         | Us Bk Rms Cc<br>Po Box 108<br>Saint Louis, MO 63166<br>xxxxxxxxxxxxx8292                      | Unsecured Claim   | \$9,482.0   |
|            | Us Bk Rms Cc<br>Po Box 108<br>Saint Louis, MO 63166<br>xxxxxxxxxxxxxx3566                     | Unsecured Claim   | \$783.0   |
| ·.         | Wf/preferr<br>Po Box 14517<br>Des Moines, IA 50306<br>xxxxxxxxxxxxx2980                       | Unsecured Claim   | \$3,767.0   |
| (Th        | e penalty for making a false statement or conceal<br>J.S.C. secs. 152 and 3571.)              | ing property is a fine of up to \$500,000 or imprison   | ment for up to 5 years or both.                       |
|            | Margrit Shlimoun  | DECLARATION   |   |
| ian<br>on: | ned as debtor in this case, declare under penalty sisting of2 sheets (including this declarat | of perjury that I have read the foregoing Number ion), and that it is true and correct to the best of m | ed Listing of Creditors,<br>y information and belief. |
|            | Debtor: Margrit Shlimou   |   |   |